



Parks, Recreation & Waterfront
 Recreation Division
 160 University Ave
 Berkeley, CA 94710
 Phone: (510) 981-6720 Fax: (510) 981-6725

CITY OF BERKELEY
EMPLOYMENT APPLICATION
PARKS RECREATION & WATERFRONT
 AN EQUAL OPPORTUNITY EMPLOYER

ADVENTURE PLAYGROUND

Print legibly in ink or use a typewriter, attach your responses to the supplemental questionnaire if in the job announcement, and **make a copy for your records.**

JOB TITLE APPLYING FOR:				MONTH & DAY OF BIRTH (Do not include year):											
				DOB is used for applicant tracking instead of a social security # number.											
NAME: Last			First				Middle Initial								
Former Last Name (If applicable, list one only)			ADDRESS: Street					Apartment #							
City		State		Zip Code		E-MAIL ADDRESS									
						How do you wish to be contacted about this job? <input type="checkbox"/> E-Mail <input type="checkbox"/> U.S. Mail									
PRIMARY PHONE:		ALTERNATE PHONE:		DRIVER'S LICENSE? <input type="checkbox"/> Yes <input type="checkbox"/> No Class? <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C											
				DL# _____				State _____							
CAN YOU DEMONSTRATE THE LEGAL RIGHT TO WORK IN THE U.S. UPON EMPLOYMENT?			TYPES OF WORK ACCEPTABLE:				ARE YOU OVER 18 YEARS OF AGE?								
<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary <input type="checkbox"/> Intermittent/On-call				<input type="checkbox"/> No <input type="checkbox"/> Yes If you are under 18 you will be required to provide a work permit prior to								
REQUIRED GENERAL QUESTIONS				Were you previously employed by the City of Berkeley? <input type="checkbox"/> Yes <input type="checkbox"/> No											
Are you currently a career City of Berkeley employee? <input type="checkbox"/> Yes <input type="checkbox"/> No				Under what name?											
RELATIVES: Do you have of any relative(s) currently working for the City of Berkeley. Relatives include: spouse, parent, child, sibling, grandparent, aunt/uncle, niece/nephew, in-laws, step relatives, dependents, or domestic partner. <input type="checkbox"/> Yes <input type="checkbox"/> No															
If yes, list name/relationship and City Department where relative(s) are employed:															
Have you been discharged or forced to resign from employment? <input type="checkbox"/> Yes <input type="checkbox"/> No				VETERANS who have separated from active military duty within the last 5 years may be entitled to Veteran's Preference Points. Attach a copy of you discharge papers (DD214) if you wish consideration. <input type="checkbox"/> Yes <input type="checkbox"/> No											
If yes, explain on separate sheet of paper.															
FOREIGN LANGUAGE FLUENCIES: Please list:				List other special skills:											
EDUCATION / TRAINING:				8 th	9 th	10 th	11 th	12 th	GED	AA/AS	BA/BS	MA/MS	PhD	JD	MD
Grade / Degree(s) completed ▶				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
College, University, Trade or Other School(s) Name		City/State		Major			Completed # of				Month/Year Completed				
							Semester Units		Quarter Units						
Name of High School							City / State								
List relevant licenses, certificates or training:															

EXPERIENCE: You must complete this section, as resumes ARE NOT accepted as a substitute. List your most recent experience first and work backwards. Experience may be paid, volunteer, full-time, part-time, military, or internship(s). Part-time experience is prorated toward requirements. A resume may be attached as additional information. Attach additional sheets if necessary.

TITLE:	EMPLOYER'S NAME, ADDRESS & PHONE #
▼ MONTH DAY & YEAR ▼	
FROM:	
TO:	
# HRS. per WEEK:	SUPVR'S NAME:
# of PEOPLE SUPVSD:	SUPVR'S TITLE:
MONTHLY SALARY:	SUPVR'S PHONE #:
DUTIES:	

REASON FOR LEAVING:

TITLE:	EMPLOYER'S NAME, ADDRESS & PHONE #
▼ MONTH DAY & YEAR ▼	
FROM:	
TO:	
# HRS. per WEEK:	SUPVR'S NAME:
# of PEOPLE SUPVSD:	SUPVR'S TITLE:
MONTHLY SALARY:	SUPVR'S PHONE #:
DUTIES:	

REASON FOR LEAVING:

TITLE:	EMPLOYER'S NAME, ADDRESS & PHONE #
▼ MONTH DAY & YEAR ▼	
FROM:	
TO:	
# HRS. per WEEK:	SUPVR'S NAME:
# of PEOPLE SUPVSD:	SUPVR'S TITLE:
MONTHLY SALARY:	SUPVR'S PHONE #:
DUTIES:	

REASON FOR LEAVING:

May we contact the employers listed above? Yes No (If no, indicate which employer/s you do not wish us to contact.)

EMPLOYMENT CONDITIONS: The duties and responsibilities of these positions involve supervisory or disciplinary control over minors. In accordance with State law and City Council Resolution, the City will not employ individuals or accept volunteers in these positions who have a conviction history involving sex crimes, drug crimes or crimes of physical violence or child abuse. Under the provisions of Penal Code Section 11105, the City will access criminal conviction history and tentative employment will be conditioned upon your voluntary submission to fingerprinting for the criminal records check. Refusal to be fingerprinted will eliminate any further employment consideration. Candidates will need to provide a negative TB test result dated within 2 years from the date of hire.

I CERTIFY that all statements in this application are true and complete. I agree and understand that any misstatements or omissions of material facts herein will cause forfeiture on my part of all rights to employment with the City of Berkeley. I understand that reference, and depending on the position, complete background checks may be conducted. I understand that if I do not meet the announced requirements, I will be eliminated from the examination process. **I also understand that as a City employee, I will be required to provide services as a Disaster Service Worker in the event of an emergency / disaster. At time of hire, City employees must meet the documentation requirements of the immigration reform and control act of 1986.**

Signature: _____ Date: _____

(required for application to be complete)