



# City of Oakland Employment Application

Exact title of position for which you are applying:

## Human Resources Management

150 Frank H. Ogawa Plaza, 2<sup>nd</sup> Floor, Oakland, CA 94612-2021 ☎ (510) 238-3112 ↗ Relay Service 711

Web Site: [www.oaklandca.gov](http://www.oaklandca.gov)

|   |  |                                     |          |  |                  |  |   |
|---|--|-------------------------------------|----------|--|------------------|--|---|
| 1. LAST NAME  |  | FIRST NAME                          |          | MI   | EMAIL ADDRESS:   |  |   |
| 2. CURRENT ADDRESS  |  | NUMBER & STREET                     | APT. NO. |  | CITY             | STATE  | ZIP CODE  |
| 3. HOME PHONE   |  | 4. BUS. PHONE                       |          | 5. OTHER NAMES USED WHILE EMPLOYED BY THE CITY OF OAKLAND:   |                  |  |   |
| 6. Do you have any known family relationships, consensual romantic, and/or cohabitant relationships with any existing City Official, manager or employee? (which includes City Council, Mayor's Office, Administrator, Attorney, Auditors as well as employees of City Agencies and Departments).<br><i>Information concerning cohabitant and consensual romantic relationships will be treated as confidential and disclosed only on a need-to-know basis.</i> <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes" please indicate name of person and relationship:<br>_____<br><small>(Article IX, Sec. 907 of the City of Oakland Charter &amp; Ordinance 12908)</small> |  |                                     |          | 7. Are You Now, OR Have You Ever, Been Employed By the City of Oakland: <input type="checkbox"/> YES <input type="checkbox"/> No<br><br>If "YES": FROM/TO _____<br><br>Department / Class Title _____<br>_____   |                  |  |   |
| 8. Type of employment that you will accept: <input type="checkbox"/> Full Time <input type="checkbox"/> Part-Time   |  |                                     |          | 9. Do you claim Oakland Residency Credit? YES <input type="checkbox"/> No <input type="checkbox"/><br><small>(See CSB Rule 4.11)</small>   |                  |  |   |
| 10. US MILITARY To claim veteran's preference points, you must present proof of honorable discharge (DD214) when you file your application (person's serving in auxiliary or reserve components of the armed forces are <b>not</b> eligible). Veteran's credit may be awarded in concert with other credits. (See CSB Rule 4, Section 4.12 and 4.13)  |  |                                     |          | 11. DO YOU CLAIM VETERAN'S PREFERENCE?<br>YES <input type="checkbox"/> NO <input type="checkbox"/><br><br>DATE AND BRANCH OF DISCHARGE _____   |                  | 12. DO YOU HAVE A HIGH SCHOOL DIPLOMA OR EQUIVALENT?<br><br>YES <input type="checkbox"/> NO <input type="checkbox"/> |   |
| 13. NAME, CITY & STATE OF HIGH SCHOOL, COLLEGES/UNIVERSITIES ATTENDED   |  | UNITS COMPLETED<br>SEMESTER QUARTER |          | COURSE OF STUDY/MAJOR  |                  | TYPE OF DEGREE:  | COMPLETED:<br>YES NO                              |
|   |  |                                     |          |  |                  |  | <input type="checkbox"/> <input type="checkbox"/> |
|   |  |                                     |          |  |                  |  | <input type="checkbox"/> <input type="checkbox"/> |
|   |  |                                     |          |  |                  |  | <input type="checkbox"/> <input type="checkbox"/> |
| 14. OTHER RELEVANT COURSES AND TRAINING   |  | NAME AND LOCATION OF INSTITUTION    |          |  | LENGTH OF COURSE | ENDED  |   |
|   |  |                                     |          |  |                  |  |   |
|   |  |                                     |          |  |                  |  |   |
| 15. PROFESSIONAL LICENSE OR CERTIFICATE, IF REQUIRED  |  | CERTIFICATE NUMBER                  |          |  | DATE ISSUED      | EXPIRATION DATE  |   |
|   |  |                                     |          |  |                  |  |   |
|   |  |                                     |          |  |                  |  |   |
| 16. LIST ANY FOREIGN LANGUAGES YOU CAN SPEAK, READ OR WRITE FLUENTLY<br><br>Language _____ Speak ____ Read ____ Write ____  |  |                                     |          | 17. PLEASE INDICATE VALID DRIVER'S LICENSE OR ID NUMBER, STATE, EXPIRATION DATE  |                  |  |   |
| 18. DESIGNATE SKILLS, IF REQUIRED FOR THIS POSITION.<br>(Note: Testing of skills may be required prior to or following selection.)<br><br>Typing Speed _____ wpm<br>Data Entry Speed _____ wpm  |  |                                     |          | FOR OFFICIAL USE ONLY<br><br>Approved _____<br>Disapproved _____<br><br>Education <input type="checkbox"/> Experience <input type="checkbox"/><br>Incomplete <input type="checkbox"/> License <input type="checkbox"/><br>Met MQs/Scrnd <input type="checkbox"/> CSB Rule 4.06 <input type="checkbox"/><br>Late <input type="checkbox"/> Other <input type="checkbox"/><br><br>(other) _____<br><br>HRM Initials _____ Date _____        |                  |  |   |
| 19. NAME, ADDRESS AND PHONE NUMBER OF EMERGENCY CONTACT<br><br>NAME _____ PHONE _____<br>ADDRESS _____ CITY _____   |  |                                     |          |  |                  |  |   |
| <b>Certificate of Applicant:</b> I certify that all statements made in the application are true and I agree and understand that misstatements or omissions of any material will subject me to disqualification or dismissal.<br><br>Signature: _____ Date: _____  |  |                                     |          | The City of Oakland complies with all Federal, State and local laws mandating Equal Employment Opportunities. If you feel you have been treated unfairly or discriminated against because of race, color, religion, national origin, ancestry, sex, gender, age, veteran status, disability, marital status, or gender identity, or sexual orientation, please contact the City's Equal Opportunity Programs Division at (510) 238-3500. |                  |  |   |

This Section MUST be filled out or your application may not be considered. You may also attach a resume or other relevant documents to further describe your qualifications.

**20. EXPERIENCE:** Begin with your most recent experience. List all employment in the last SEVEN years that is related to the job for which you are applying. Indicate Self-employment, U.S. Military Service and Volunteer Experience. Indicate "Volunteer" in the duties section. Include details that meet the minimum requirements of the position.

|   |                                    |                        |                                 |
|---|------------------------------------|------------------------|---------------------------------|
| FROM Mo/Yr  | EMPLOYER (BUSINESS OR AGENCY NAME) | TITLE OF YOUR POSITION | NO. EMPLOYEES SUPERVISED BY YOU |
| TO Mo/Yr  | ADDRESS CITY STATE ZIP             | NAME OF SUPERVISOR     | SUPERVISOR'S PHONE NO.          |
| HRS. PER Wk.  | DUTIES:                            |                        |                                 |
| MILITARY SERVICE?<br>Yes <input type="checkbox"/> No <input type="checkbox"/>   |                                    |                        |                                 |
| REASON FOR LEAVING  |                                    |                        |                                 |
| FROM Mo/Yr  | EMPLOYER (BUSINESS OR AGENCY NAME) | TITLE OF YOUR POSITION | NO. EMPLOYEES SUPERVISED BY YOU |
| TO Mo/Yr  | ADDRESS CITY STATE ZIP             | NAME OF SUPERVISOR     | SUPERVISOR'S PHONE NO.          |
| HRS. PER Wk.  | DUTIES:                            |                        |                                 |
| MILITARY SERVICE?<br>Yes <input type="checkbox"/> No <input type="checkbox"/>   |                                    |                        |                                 |
| REASON FOR LEAVING  |                                    |                        |                                 |
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| HRS. PER/Wk.  | DUTIES:                            |                        |                                 |
| MILITARY SERVICE?<br>Yes <input type="checkbox"/> No <input type="checkbox"/>   |                                    |                        |                                 |
| REASON FOR LEAVING  |                                    |                        |                                 |
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| HRS. PER Wk.  | DUTIES:                            |                        |                                 |
| MILITARY SERVICE?<br>Yes <input type="checkbox"/> No <input type="checkbox"/>   |                                    |                        |                                 |
| REASON FOR LEAVING  |                                    |                        |                                 |
| FROM Mo/Yr  | EMPLOYER (BUSINESS OR AGENCY NAME) | TITLE OF YOUR POSITION | NO. EMPLOYEES SUPERVISED BY YOU |
| TO Mo/Yr  | ADDRESS CITY STATE ZIP             | NAME OF SUPERVISOR     | SUPERVISOR'S PHONE NO.          |
| HRS. PER Wk.  | DUTIES:                            |                        |                                 |
| MILITARY SERVICE?<br>Yes <input type="checkbox"/> No <input type="checkbox"/>   |                                    |                        |                                 |
| REASON FOR LEAVING  |                                    |                        |                                 |
| INQUIRY MAY BE MADE OF YOUR FORMER EMPLOYERS OR THE LAST SCHOOL YOU ATTENDED REGARDING YOUR PERFORMANCE RECORD.<br>MAY WE CONTACT YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO |                                    |                        |                                 |