



# Application for Employment

Police or Recreation

## Town of Colma

1198 El Camino Real

Colma, CA 94014

(650) 997-8300 Fax (650) 997-8308

[www.colma.ca.gov](http://www.colma.ca.gov)

Department Use Only	
Date Received	_____
Accept	_____
Late	_____
No	_____
Interview Date	_____

Please type or print with blue or black ink.

Position Applied For \_\_\_\_\_

Date of Application \_\_\_\_/\_\_\_\_/\_\_\_\_

Name \_\_\_\_\_  
First Middle Last

Address \_\_\_\_\_  
Number and Street Apt. City State Zip

E-mail \_\_\_\_\_ Telephone \_\_\_\_\_ Other Phone \_\_\_\_\_

Are you 18 years or older? Yes  No

Have you ever been convicted of any violations of the Law, excluding traffic violations and Health and Safety Code sections 11357, 11360, 11364, 11365 or 11550 related to marijuana prior to 01/01/1976? A conviction is not necessarily a bar to employment. Each case will be given individual consideration, based on relevance to the position.

If yes, explain. \_\_\_\_\_

Were you ever discharged or forced to resign from any position? Yes  No

If yes, explain. \_\_\_\_\_

How did you hear about this employment opportunity? \_\_\_\_\_

Have you ever worked for the Town of Colma? Yes  No

Dates \_\_\_\_\_ Department \_\_\_\_\_

Are you related to any person employed by the Town of Colma?

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Dept/Position \_\_\_\_\_

### EDUCATION & TRAINING

High School Graduate?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If no, circle highest year complete:						
High School Equivalency?	Yes <input type="checkbox"/> No <input type="checkbox"/>	6	7	8	9	10	11	12
	Name	Location	Major Subjects	Degree/Certificates				
High School								
College or University								
Graduate School								
Vocational or Special Training								
Professional License or Certificate (If applicable)	Certificate No.	Date Issued	Date Expires					

OTHER JOB RELATED SKILLS (Languages, Computer Programs, etc.)

---



---



---

**EMPLOYMENT HISTORY**

Starting with the present or most recent experience, provide the following information for all employment during the past 10 years. You may attach a resume or a supplemental sheet, but this section must be completed. Include volunteer employment, if applicable.

May we contact the employers listed below? Yes  No  (If no, indicate which employer(s) not to contact.)

FROM	TO	EMPLOYER	TELEPHONE
JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR (NAME AND TITLE)		JOB DUTIES AND RESPONSIBILITIES	
HOURS PER WEEK			
REASON FOR LEAVING			
FROM	TO	EMPLOYER	TELEPHONE
JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR (NAME AND TITLE)		JOB DUTIES AND RESPONSIBILITIES	
HOURS PER WEEK			
REASON FOR LEAVING			
FROM	TO	EMPLOYER	TELEPHONE
JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR (NAME AND TITLE)		JOB DUTIES AND RESPONSIBILITIES	
HOURS PER WEEK			
REASON FOR LEAVING			
FROM	TO	EMPLOYER	TELEPHONE
JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR (NAME AND TITLE)		JOB DUTIES AND RESPONSIBILITIES	
HOURS PER WEEK			
REASON FOR LEAVING			

**CERTIFICATION OF APPLICANT** (Carefully read before signing): I certify that the information contained in this application is correct to the best of my knowledge and understand that falsification of this application in any detail is grounds for disqualification or dismissal from employment. I agree to conform to the rules and regulations of the Town of Colma. I consent to inquiries regarding my past employment. I further understand that I may be required to answer additional questions regarding criminal convictions and may be subject to a criminal background check, after it is established that I met the minimum qualifications of the position. Further, I may be required to submit to a complete medical and/or psychological examination, and to furnish such proof of eligibility to work in the United States. I release all parties and persons connected with any request for information from all claims, liabilities and damages for whatever reason arising out of furnishing this information. **DISABLED APPLICANTS:** The Human Resources Office may have resources to assist you in the exam process. If you have special needs, please call 650.997.8300. EOE

Signature \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_