Application for Employment

Return to: ASSOCIATION OF BAY AREA GOVERNMENTS
375 Beale Street, Suite 700
San Francisco, CA 94105

TO APPLICANTS: We appreciate your interest in ABAG and assure you that we are sincerely interested in your qualifications. A clear understanding of your background and work history will aid us in evaluating your qualifications for this position. **Incomplete applications cannot be considered.**

Please type or print in ink.

TITLE OF POSITION:

Job number

Use exact title from job announcement and job number. Application must be for an open position.
If applying for more than one job, use a separate application form for each.

NAME:

Last First Middle Initial(s)

DATE:

MM/DD/YR

ADDRESS:

Street City State Zip Code

TELEPHONES:

Home ( ) Work ( )

Were you ever discharged or forced to resign because of misconduct or unsatisfactory performance? If yes, state circumstances under "REMARKS". NO ☐ YES ☐

May we contact your present employer about your qualifications and character? NO ☐ YES ☐

Do you have authorization to work in the United States? NO ☐ YES ☐

Do you have a valid California Driver's License? NO ☐ YES ☐

REFERENCES:

Name	Telephone ( )	Name	Telephone ( )
Address		Address	
Name	Telephone ( )	Name	Telephone ( )
Address		Address	

REMARKS:

Please fill in your name here (one letter per box).

Last Name

Initial

(For ABAG Use)

(For ABAG Use)

EDUCATION:

Indicate the highest K-12 grade completed	Name of the school	Location	Did you graduate?
			Yes ☐ No ☐ GED ☐

OTHER EDUCATION: College or University courses, business or trade schools, correspondence courses, work training programs.

Name of school or organization	Graduated	# of years	Degree	Major Subject
	Yes ☐ No ☐			
	Yes ☐ No ☐			
	Yes ☐ No ☐			
	Yes ☐ No ☐			
	Yes ☐ No ☐			

EXPERIENCE:

List all jobs you have held in the last ten years, with your present or most recent job first. Include active military service if applicable, as well as any voluntary work relevant to the position. If you wish to elaborate on your experience or if you need more space, a supplemental sheet or resume may be attached, but this section **must** be completed.

Dates	mo.	yr.	Name and address of Employer	Title of Position	Number supervised
From				Reason for leaving	
To				Duties	
Part-time ☐					
Full-time ☐					
Monthly salary Lowest $ Highest $			Name and Title of Supervisor		

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Monthly salary Lowest $ Highest $			Name and Title of Supervisor		

I certify that all statements made in this application are true and complete, and that any misstatements of material facts will subject me to disqualification or dismissal.

SIGNATURE _____ **DATE** _____ **MM/DD/YR**

Affirmative Action Section

This section of the application form is used for Affirmative Action purposes only. Information obtained from the questions below will be used to monitor the effectiveness of ABAG's Affirmative Action Program; it will not be used to evaluate an applicant's suitability for a position. All answers are optional; you are not required to complete this section to be considered for a job.

SEX:

- ☐ Female
- ☐ Male

ETHNIC SELF-IDENTIFICATION:

- ☐ American Indian: Persons who identify themselves or are known as such by virtue of tribal association.
- ☐ Asian American: Persons of Chinese, Filipino, Japanese, or Korean descent.
- ☐ Black: Persons of African descent as well as those identified as Haitian, Jamaican, Trinidadian, or West Indian.
- ☐ Spanish Surname: Mexican-Americans, Mexicans, Chicanos, Latinos, and all persons of Cuban, Latin American, Puerto Rican, or Spanish descent.
- ☐ White: Anglo-Saxons, Europeans, and persons of Indo-European descent including Pakistani and East Indian.
- ☐ Other: Aleuts, Eskimos, Malayans, Portuguese, Thais, and any others not covered by one of the above categories.

SPECIAL CATEGORIES:

- ☐ Physically Disabled
- ☐ Veteran
- ☐ Ex-Offender

HOW DID YOU FIND OUT ABOUT THIS POSITION?

- ☐ Job Announcement
- ☐ Internet
- ☐ ABAG Employee
- ☐ Newspaper _____
- ☐ Other _____