



office of
COMMUNITY INVESTMENT
and INFRASTRUCTURE

EMPLOYMENT APPLICATION

Submit Completed Application to the Address
Indicated on the Job Announcement

FOR OFFICE USE ONLY	
<input type="checkbox"/>	Received Date: _____
<input type="checkbox"/>	Response Sent: _____
<input type="checkbox"/>	Input Date: _____
<input type="checkbox"/>	Rated By: _____
<input type="checkbox"/>	Application Accepted
<input type="checkbox"/>	Application Rejected (check reason below)
<input type="checkbox"/>	Late <input type="checkbox"/> Minimum Qualifications <input type="checkbox"/> Incomplete
<input type="checkbox"/>	Other: _____

ANSWER ALL QUESTIONS - TYPE OR PRINT IN INK
READ THE JOB ANNOUNCEMENT BEFORE COMPLETING THIS FORM

Position I am applying for: Title				
Last Name		First Name		Middle Initial
Street Address		Apt. No.	Home Telephone Number () -	
City	State	Zip Code	Other Telephone Number () -	
E-mail Address				

SOCIAL SECURITY NUMBER: (Last 4 Only)

XXX-XX-

Other name(s) I have used:

You may may not contact my present employer.

I am currently, or have been previously, employed by the San Francisco Redevelopment Agency or Successor to the SFRA:

Yes No

If yes, Job Title: _____ Start/End Date: _____

Department: _____

Employment Status: Permanent
 Limited Term

CERTIFICATION OF APPLICANT (read carefully): I hereby certify that all statements made in this application are true and complete to the best of my knowledge. I understand that any false, incomplete, or incorrect statement, regardless of when it is discovered, may result in my disqualification or dismissal from employment with the Office of Community Investment & Infrastructure, Successor to the San Francisco Redevelopment Agency. I hereby authorize all my employers and schools (unless otherwise noted) to release any and all information concerning me, including information of a confidential or privileged nature. I hereby release any and all employers from any liability or damage which may result from furnishing the information requested.

Date	Signature of Applicant
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LAST NAME

FIRST NAME

M.I.

Check appropriate box if you possess one of the following

High School Diploma

G.E.D. Certificate

California High School Proficiency Certificate

COLLEGE: BUSINESS/TRADE SCHOOLS; SPECIAL TRAINING: NAME AND LOCATION	COURSE OF STUDY/MAJOR	UNITS COMPLETED	DATE DEGREE/ CERTIFICATE AWARDED	TYPE DEGREE/ CERTIFICATE

I can speak read write the following language(s) besides English:

I have a Driver License No Yes--If yes, **Number:** **Class:** **State:** **Expiration:**

If required for this job, list license, certificate and/or registration (for example, Registered Nurse License, Engineer's Certificate, etc.):

Title

Issued By

Number

Date Issued

Date Expires

EMPLOYMENT HISTORY - YOU MUST COMPLETE THIS SECTION. Do not attach a resume as a substitute. **Begin with your most recent experience, starting with your current job.** Be sure to include all experience, regardless of dates, which demonstrates that you meet the minimum requirements as shown on the announcement for the position. **Attach additional sheets if you need more space to describe duties or list former employers.** Describe your duties as completely as possible. Incomplete information may cause a delay in processing your application. If you supervise(d) employees, include the number of employees you supervise(d). If you held more than one position with the same employer, list each separately.

MO/YR TO HOURS PER WEEK:	MO/YR	EMPLOYER NAME AND ADDRESS	TITLE OF YOUR POSITION
SALARY: REASON FOR LEAVING:			DUTIES PERFORMED:

MO/YR TO HOURS PER WEEK:	MO/YR	EMPLOYER NAME AND ADDRESS	TITLE OF YOUR POSITION
SALARY: REASON FOR LEAVING:			DUTIES PERFORMED:

MO/YR TO HOURS PER WEEK:	MO/YR	EMPLOYER NAME AND ADDRESS	TITLE OF YOUR POSITION
SALARY: REASON FOR LEAVING:			DUTIES PERFORMED:

MO/YR TO HOURS PER WEEK:	MO/YR	EMPLOYER NAME AND ADDRESS	TITLE OF YOUR POSITION
SALARY: REASON FOR LEAVING:			DUTIES PERFORMED:

Class No. applying for:

Title:

Date:

Name: _____
(Last) (First) (M.I.)

The Human Resources is legally allowed to gather this information. This information which is voluntary will not be used for employment decisions.

Code: Check the number that applies to you:

1. White (not of Hispanic origin) - Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
2. Black (not of Hispanic origin) - Persons having origins in any of the Black racial groups of Africa.
3. Hispanic/Latino/Chicano - Persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish Culture or origin, regardless of race.
4. Asian or Pacific Islander (except Filipino) - Persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent or the Pacific Islands. This area includes, for example, China, Japan, Korea, and Samoa.
5. Filipino - Persons having origins in any of the original peoples of the Philippine Islands.
6. American Indian or Alaskan Native - Persons having origins in any of the original peoples of North America who maintain cultural identification through tribal affiliation or community recognition.

SEX: Check One: Male Female

Recruitment Survey: Your voluntary answers to this section will assist us in evaluating our recruitment efforts. How did you hear about this position? (Check box that applies.)

- | | | |
|--|--|---|
| <input type="checkbox"/> OCII Website | <input type="checkbox"/> Monster.com | <input type="checkbox"/> Local SF Newspaper _____ |
| <input type="checkbox"/> LinkedIn | <input type="checkbox"/> Craigslist | <input type="checkbox"/> Other, please indicate _____ |
| <input type="checkbox"/> Indeed.com | <input type="checkbox"/> CalJobs.com | |
| <input type="checkbox"/> Workforgood.org | <input type="checkbox"/> Careers in Government | |
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