

EMPLOYMENT APPLICATION

Submit Completed Application to the Address Indicated on the Job Announcement

FOR OFFICE USE ONLY		
Received Date: Response Sent: Input Date: Rated By: Application Accepted Application Rejected		

ANSWER ALL QUESTIONS - TYPE OR PRINT IN INK READ THE JOB ANNOUNCEMENT <u>BEFORE</u> COMPLETING THIS FORM						
Position I am applying for: Title						
Last Name	First Nam	First Name Middle Initial				
Street Address	,	Apt. No. Home Telephone Number				
City	State	State Zip Code Other Telephone Numb				
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						
' ' =	e: manent ited Term					
CONDITIONS OF EMPLOYMENT: All employees seeking employment at OCII are required to be vaccinated against COVID-19						
as a condition of employment. Fo	or details on now it is applicable	to your employment, please	CIICK nere.			
best of my knowledge. I understan disqualification or dismissal from a Redevelopment Agency. I hereby	d that any false, incomplete, or incomployment with the Office of Coauthorize all my employers and on of a confidential or privileged na	correct statement, regardless of mmunity Investment & Infrastru schools (unless otherwise not	application are true and complete to the f when it is discovered, may result in my acture, Successor to the San Francisco ted) to release any and all information II employers from any liability or damage			
Date	Signature of Applicant					

AST NAME		FIRST NAME		M.I.				
Check appropriate box if you possess one of the fol	☐ California High School Pr	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	owing language(s) beside	les English:						
I have a Driver License No YesIf 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 hause 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 MO/YR TO HOURS PER WEEK:	EMPLOYER NAME AND	ADDRESS	TITLE OF YOUR POSITION					
REASON FOR LEAVING:	-	1	DUTIES PERFORME	ĒD:				
MO/YR MO/YR TO HOURS PER WEEK:	EMPLOYER NAME AND ADDRESS		TITLE OF YOUR PO	SITION				
REASON FOR LEAVING:			DUTIES PERFORMED:					
MO/YR TO HOURS PER WEEK:	EMPLOYER NAME AND		TITLE OF YOUR PO					
REASON FOR LEAVING:			DUTIES PERFORME	ĒD:				
MO/YR MO/YR TO HOURS PER WEEK:	EMPLOYER NAME AND	ADDRESS	TITLE OF YOUR PO	SITION				
REASON FOR LEAVING:			DUTIES PERFORME	ĒD:				

Class No. applying for:	Title:	Date:		
Name: (Last) (First) (M.I.) The Human Resources is legally allo	owed to gather this information. This information v	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 originals 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 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.)				
OCII Website LinkedIn Indeed.com Workforgood.org		Local SF Newspaper Other, please indicate		