



# CITY OF RANCHO SANTA MARGARITA EMPLOYMENT APPLICATION

22112 EL PASEO  
RANCHO SANTA MARGARITA, CA 92688  
(949) 635-1800 (949) 635-1840 (FAX)  
[WWW.CITYOFRSM.ORG](http://WWW.CITYOFRSM.ORG)

Thanks for your interest in employment with the City of Rancho Santa Margarita. This application is required as part of the initial examination process. Please read the employment announcement thoroughly and note the job requirements. It is important that you answer all questions on your application fully and accurately. Failure to do so may disqualify you from being considered for the position. You must meet all entrance requirements, including possession of required certificates or licenses. A resume, cover letter, or attachments may also be included but cannot be substituted for a completed application. The application and all attached documents become property of the City of Rancho Santa Margarita and will not be returned. Applications received after the final filing date will not be accepted.

POSITION APPLYING FOR:

LAST NAME                      FIRST NAME                      MI                      EMAIL                      TELEPHONE

STREET ADDRESS                      CITY                      STATE                      ZIP

## EDUCATION AND TRAINING

DID YOU RECEIVE A HIGH SCHOOL DIPLOMA?  YES  NO  GED

NAME AND ADDRESS OF SCHOOLS	DID YOU GRADUATE?	DEGREE	MAJOR SUBJECTS
HIGH SCHOOL:			
COLLEGE/UNIVERSITY:			
OTHER SCHOOL:			

SPECIAL TRAINING, CERTIFICATES AND/OR LICENSES WHICH DIRECTLY RELATE TO POSITION APPLYING FOR:

## PERSONAL INFORMATION

Do you possess a valid California Driver's License?  Yes  No

Are you 18 years or older?  Yes  No

If hired, can you provide proof that you are authorized to work in the United States?  Yes  No

Have you ever applied for another position with the City of Rancho Santa Margarita?  Yes  No (If Yes, please list)

Have you ever been discharged or forced to resign from any position?  Yes  No (If Yes, please explain)

Are you related to any employee of the City of Rancho Santa Margarita?  Yes  No (If Yes, please explain)

Can you perform the essential functions and duties of this position with or without reasonable accommodations?  Yes  No  
(If No, please explain)

## EXPERIENCE

To assist us in determining your qualifications, please list all positions you have held for the last 10 years, and include any positions relevant to the position if beyond 10 years. Account for volunteer, part-time, military, periods of unemployment, etc. List each change of title or promotion separately. Resumes may be attached but will not be acceptable in lieu of complete answers. Start with your present or most recent position and work backwards. Attach additional sheets as necessary.

FROM: _____ TO: _____	TITLE: _____
EMPLOYER NAME & ADDRESS: _____	DUTIES: _____
SUPERVISOR NAME, TITLE: _____	
TELEPHONE: _____	HOURS/WEEK: _____ # EMPLOYEES SUPERVISED: _____
MAY WE CONTACT THIS EMPLOYER? _____	REASON FOR SEPARATION: _____

FROM: _____ TO: _____	TITLE: _____
EMPLOYER NAME & ADDRESS: _____	DUTIES: _____
SUPERVISOR NAME, TITLE: _____	
TELEPHONE: _____	HOURS/WEEK: _____ # EMPLOYEES SUPERVISED: _____
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MAY WE CONTACT THIS EMPLOYER? _____	REASON FOR SEPARATION: _____

## CERTIFICATION

I certify that all statements made in this application are true and complete to the best of my knowledge. I hereby authorize the City of Rancho Santa Margarita to investigate any information contained in this application. I agree and understand that any misrepresentation, false or incomplete statement shall be sufficient cause for disqualification or dismissal. I authorize the employers, schools and persons named in my application to provide any additional information regarding my qualifications. I understand that this application does not constitute an expressed or implied contract.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

You may email your application to [employment@cityofrsm.org](mailto:employment@cityofrsm.org)

