

Name:

Position:



## employment application

Thank you for your interest in working at SANDAG. We appreciate the opportunity to review your employment qualifications and experience.

A completed Employment Application is required from all interested candidates. Please check the Job Announcement for the position to which you are applying for any additional application requirements, such as responses to job-specific supplemental questions or the submittal of work samples. Any information you provide will be kept confidential to the extent permitted by law.

**Note: To avoid potential issues caused by software compatibility or web browser functions, it is recommended that you save this Employment Application to your computer and complete the form using **Adobe Acrobat or Reader**.**

In compliance with the Americans with Disabilities Act (ADA), SANDAG will accommodate persons who require assistance in order to apply for a position. Applicants requiring an accommodation due to a disability during any stage of the recruitment and selection process, including requesting this document and related application materials in an alternative format, should make their needs known by contacting Human Resources.



## Personal Information

Name:	<input type="text"/>	Phone (Home):	<input type="text"/>
Address:	<input type="text"/>	Phone (Work):	<input type="text"/>
City:	<input type="text"/>	Phone (Cell):	<input type="text"/>
State:	<input type="text"/>	Email:	<input type="text"/>
	Zip:	<input type="text"/>	

## Education/Training

List the schools you attended (high school and above), starting with the most recent. Include the city and state. List the number of years or units completed, the degree, certificate, or diploma earned, and your major or type of program.

Educational Institution	Did you graduate? <i>If no, specify units completed</i>	Degree, Certificate, or Diploma Earned	Major/Minor or Program Type
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Additional school courses, training, or other qualifications pertinent to this position:

## Professional License, Registration, Certification

List any licenses, registrations, or certifications you possess that are pertinent to this position. (Examples: AICP, PE, CPA, etc.)

License, Registration, or Certification	Number	Date Received	Expiration Date	Licensing Agency
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## Language Skills

Other than English, do you possess language skills that you could use in your work?  
(This information is voluntary unless stated as required in the Job Announcement.)

Yes  No

If yes, in what language(s) do you speak fluently?

If yes, in what language(s) do you write fluently?

## Software Skills

The section below allows you to tell us about your skills using various software programs. Please complete the information by filling in the circle that indicates your present skill level. Comments or examples of your skills also may be provided.

	None	Basic	Intermediate	Advanced			
	0	1	2	3	4	5	Comments/Examples
MS Word	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
MS Excel	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
MS PowerPoint	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
MS Outlook	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<i>Other Programs</i>							
<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

## Other Skills and Abilities

List other skills/abilities you possess that are pertinent to this position.

## Work Experience

Beginning with your current or most recent position, please provide us with details of your employment experiences (paid or unpaid) for at least the past ten years. Any significant change in job title/duties under the same employer can be considered a separate position. Attach additional sheets if necessary. **While a resume may be submitted with this Employment Application as additional information, it does not substitute for fully completing this section.**

Employer  
Name:

Type of  
Business:

Address:

Your Job  
Title:

Start Date:

End Date:

Full Time  Part Time

Average Hours  
Per Week:

Primary Duties and Responsibilities:

Reason for Leaving:

Employer  
Name:

Type of  
Business:

Address:

Your Job  
Title:

Start Date:

End Date:

Full Time  Part Time

Average Hours  
Per Week:

Primary Duties and Responsibilities:

Reason for Leaving:

**Work Experience** (Continued)

Employer Name:  Type of Business:

Address:

Your Job Title:

Start Date:  End Date:   Full Time  Part Time Average Hours Per Week:

Primary Duties and Responsibilities:

Reason for Leaving:

Employer Name:  Type of Business:

Address:

Your Job Title:

Start Date:  End Date:   Full Time  Part Time Average Hours Per Week:

Primary Duties and Responsibilities:

Reason for Leaving:

**Work Experience** (Continued)

Employer Name:  Type of Business:

Address:

Your Job Title:

Start Date:  End Date:   Full Time  Part Time Average Hours Per Week:

Primary Duties and Responsibilities:

Reason for Leaving:

Employer Name:  Type of Business:

Address:

Your Job Title:

Start Date:  End Date:   Full Time  Part Time Average Hours Per Week:

Primary Duties and Responsibilities:

Reason for Leaving:

## Additional Information

Please explain any significant gaps in your employment history.

May we contact the employers previously listed? (If not, indicate below which one(s) you do not wish us to contact.)  Yes  No

Have you worked at SANDAG before?  Yes  No If yes, provide date(s):

Is a member of your family currently employed by SANDAG? If so, please state the employee's name and their relationship to you in the space below.  Yes  No

Are you legally authorized to work in the United States?  Yes  No

Explanation (Use the space below to supply any additional information relevant to the job questions above.)

## Applicant Certifies:

All statements in this application are true and correct to the best of my knowledge and belief. I understand that false or misleading answers are cause for rejection of this application or dismissal from employment. I also understand that if indicated in the Job Announcement for the position I am applying for, a background check that may include information regarding my criminal records or financial report may be obtained and used by SANDAG in making a hiring decision.

By submitting my application to SANDAG, I authorize employers, schools, law enforcement agencies, and other individuals and organizations named in this application to provide candid and full information regarding my work record, job performance, character, ability, and fitness to authorized employees of SANDAG. I understand that the information may be positive, negative, confidential, and/or privileged in nature and may be used by SANDAG in any phase of the employment process. I release current and previous employers, schools, law enforcement agencies, individuals, organizations, and SANDAG and its employees/representatives from any liability and/or damages that may result from the release, receipt, or use of requested information.

By checking the I Agree box below, I hereby certify that I have read and understood the instructions, conditions, and other information provided in this document.

I Agree

Signature:

Date:

*Please type name if submitting application electronically.*

***The San Diego Association of Governments is an equal opportunity employer and considers applicants for all positions without regard to race, color, religious creed (including religious dress and grooming practices), national origin, ancestry, age, gender (including gender identity and gender expression), sex (including pregnancy, childbirth, breastfeeding and medical conditions related to pregnancy, childbirth or breastfeeding), medical condition (including AIDS/HIV, history of cancer), disability (including mental or physical), genetic information, sexual orientation, marital status, military or veteran's status, or any other category protected under federal or state law, in accordance with all applicable laws and regulations.***

Save Form

Print Form

Reset Form

Position :

# voluntary statistical information

The San Diego Association of Governments (SANDAG) is an equal opportunity employer. To demonstrate our commitment and compliance with the law, SANDAG periodically reports statistical information about applicants and employees to the government.

Completion of this form is voluntary; it is not required as part of your application, however we would appreciate your participation. This form will be separated from your application prior to your application being evaluated. The information you provide will be used only for compiling statistical information. The information provided on this form will be kept strictly confidential and will not be used in any way to make an employment decision.

## Gender

- Female  Male

## Age Group

- Under 40 Years  40 Years or older

## Ethnicity

Are you Hispanic or Latino? (Select only one)

- Yes, I am Hispanic or Latino** *A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.*
- No, I am not Hispanic or Latino**

## Race

What is your race? (Select one or more)

- White (Not Hispanic or Latino)** *A person having origins in any of the original peoples of Europe, the Middle East, or North Africa*
- American Indian or Alaska Native (Not Hispanic or Latino)** *A person having origins in America (including Central America), and who maintain tribal affiliation or community attachment.*
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** *A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands*
- Black or African American (Not Hispanic or Latino)** *A person having origins in any of the black racial groups of Africa.*
- Asian (Not Hispanic or Latino)** *A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.*
- Two or More Races (Not Hispanic or Latino)** *All persons who identify with more than one of the above five races.*

## Veteran Status

Are you a Veteran?

- Yes, I am a Veteran.** *A person who served in the active military, naval, or air service, and who was discharged or released therefrom under conditions other than dishonorable.*
- No, I am not a Veteran.**

## Disability

Do you have a Disability?

- Yes, I have a Disability.** *A person is considered to have a disability if they have a physical or mental impairment or medical condition that substantially limits a major life activity, or if they have a history or record of such an impairment or medical condition.*
- No, I do not have a Disability.**