CITY OF ARCATA
AFFIRMATIVE ACTION - EQUAL OPPORTUNITY SURVEY

The following information is being collected for research purposes only, to determine the effectiveness of the City's Affirmative Action/Equal Opportunity Program. Your cooperation in answering these questions completely and accurately is appreciated. Completion of this form is voluntary. Data collected will not affect employment decisions and is not part of your application for employment or your personnel file, if hired.

Position Applied For: **Water/Wastewater Plant Operator I/II**

How did you hear about this position? (Circle One)

☐ Newspaper (specify) _____ ☐ Job Announcement

☐ Employment Development Dept. ☐ Friend ☐ Other (specify) _____

Gender: ☐ Male ☐ Female

Check if any of the following are applicable:

☐ **Military:** *A military veteran; a widow or widower of a veteran; or a spouse of a 100% disabled veteran.*

☐ **Disabled:** *A person with a disability is an individual who: (1) has a physical or mental impairment or medical condition that limits one or more life activities, such as walking, speaking, breathing, performing manual tasks, seeing, hearing, learning, caring for oneself or working; (2) has a record or history of such impairment or medical condition; or (3) is regarded has having such an impairment or medical condition.*

Check one of the following ethnic groups:

☐ **American Indian or Alaskan Native:** *Persons having origins in any of the tribal peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.*

☐ **Black:** *Persons having origins in any of the black racial groups of Africa.*

☐ **Hispanic:** *Persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.*

☐ **Asian:** *Persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent. This includes China, Japan and Korea.*

☐ **Pacific Islander:** *Persons having origins in the Pacific Islands, such as Samoa.*

☐ **White:** *Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.*

☐ **Other (specify):** _____

Position Applied For:

WATER /WASTEWATER PLANT OPERATOR I/II

PERSONNEL USE ONLY

Applicant No._____

EMPLOYMENT APPLICATION

Last Name	First Name		MI
Address	City/State	Zip	Telephone
Social Security Number	Driver License Number	Class	Email Address
If under eighteen years of age: after an offer of employment, can you submit a work permit? ( ) Yes ( ) No			Can you, after an offer of employment, submit verification of your legal right to work in the United States? ( ) Yes ( ) No

EMPLOYMENT HISTORY

List any jobs you have held in the last ten years, starting with the most recent. Also include any RELATED work experience that is older than ten years. Include military and voluntary experience. (Please use additional sheets if necessary.) This section must be completed. Applications will be rejected if you write, "see resume", "see attached" or anything similar.

Employer's Name		Position Title:
Address/City/State/Zip		Describe Your Duties:
Telephone		
Supervisor		
Starting Date	Final Date	Reason for Leaving
Final Salary	Hours per week:	
Employer's Name		Position Title:
Address/City/State/Zip		Describe Your Duties:
Telephone		
Supervisor		
Starting Date	Final Date	Reason for Leaving
Final Salary	Hours per week:	
Employer's Name		Position Title:
Address/City/State/Zip		Describe Your Duties:
Telephone		
Supervisor		
Starting Date	Final Date	Reason for Leaving
Final Salary	Hours per week:	

Employer's Name		Position Title:
Address/City/State/Zip		Describe Your Duties:
Telephone		
Supervisor		
Starting Date	Final Date	Reason for Leaving
Final Salary	Hours per week:	

****Continue employment history on separate sheet/s of paper if necessary. Provide information in same format as presented here.****

EDUCATION AND TRAINING

School	Name and Location of School	Course of Study	# of Years Completed	Degree/Diploma Received
High School				
College				

Licenses/Certificates	Issue/Expiration Dates	Issuer of License	Number if Applicable

1. Have you ever been employed by the City of Arcata? _____ Yes _____ No

From _____ to_____ Department _____

2. Are you related to anyone currently employed by the City of Arcata? _____ Yes _____ No

Name _____ Department _____ Relationship _____

3. Have you ever been discharged or asked to resign from any position? _____ Yes _____ No

Name of Employer _____

4. Have you ever been convicted of any crime, either misdemeanors or felonies? _____ Yes _____ No (Please omit any juvenile convictions or misdemeanor convictions if records are legally sealed or expunged.)

If "Yes", list when and where each offense occurred and describe each one. A "Yes" answer to this question is not an automatic bar to employment. The City, however, may consider the nature, date, and circumstances of the offense as well as whether the offense is relevant to the duties of the position. *N*otwithstanding any of the preceding, you should not disclose convictions that are over two years old as of the date you complete this application for violations of Health and Safety Code Sections 11357, 11360, 11364, 11365, or 11550, as those statutes related to marijuana prior to January 1, 1976 or a statutory predecessor to those statutes.* _____

_____

Police Applicants: Due to the criminal record background process, these convictions will be reviewed and the exclusions above may not apply to you.

5. a. Are you a California Public Employees Retirement System(CalPERS) annuitant? _____ Yes _____ No
   b. If Yes, have you collected unemployment benefits in the preceding twelve (12) months, based on prior temporary employment with a public employer? _____ Yes _____ No
6. a. Have you been employed by another CalPERS-covered employer within the last six months? _____ Yes _____ No
   b. If Yes, have you withdrawn your contributions? _____ Yes _____ No
7. Have you been employed by a CalPERS reciprocal system employer within the last six months? _____ Yes _____ No

Applicant Certification Please Read Carefully –(*If not signed, this application may be rejected)*

I certify under penalty of perjury that the information I have provided in this application is true and complete to the best of my knowledge. I further understand that any false, incomplete, or incorrect statements may result in my disqualification from the examination process or dismissal from employment with the City of Arcata. I understand that the City will investigate all information contained in this application and I authorize the employers and educational institutions identified on this application to release any information they may have concerning my employment or education to the City of Arcata during the course of that investigation. As a condition of employment I agree to sign an oath as specified in Article XX, Section 3 of the California Constitution and Government Code Section 3100 et. Seq., to be fingerprinted, and to submit to a medical examination by a physician (which may include a pre-employment drug test) of the City's choosing, if required for the position for which I am applying.

If employed on an hourly part time, seasonal or temporary basis, the undersigned will be considered an at-will employee and will be free to resign at any time for any reason, the City similarly retains the right to terminate undersigned's employment at- will. No City representative has the authority to make any agreement to the contrary.

_____ _____

Signature Date

SUPPLEMENTAL APPLICATION FORM
WATER/WASTEWATER OPERATOR I/II

This supplemental questionnaire will be a primary tool in the initial evaluation of your qualifications for this position. The supplemental information you provide will be evaluated along with your completed application form. The application and supplemental questions constitute an examination. Failure to submit a completed supplemental questionnaire with your application will result in disqualification. In answering the questions, be as specific as you can, limiting your answers to a total of three pages.

1. Describe your experience as it relates to the operation and maintenance of wastewater treatment and disposal systems. *[In your answer, make sure you clearly identify where you obtained the experience and the overall length of experience – i.e. months, years]*

2. Describe your experience and training as it relates to the operation and maintenance of water distribution systems. *[In your answer, make sure you clearly identify where you obtained the experience and the overall length of experience – i.e. months, years]*

3. Describe your experience performing routine electrical and mechanical maintenance and operation of chemical feed and monitoring equipment as it pertains to the Water/Wastewater Operator position. If you do not have actual experience with applicable water/wastewater equipment, describe your experience operating and maintaining only that equipment requiring similar knowledge such as field lab instruments. *[In your answer, make sure you clearly identify 1)the types of equipment; 2)where you obtained the experience and overall length of experience [i.e. weeks, months]; and 3)the degree of responsibility in resolving maintenance issues [i.e. discovering and reporting vs. full disassembly, cleaning, and recalibration, etc.])*

4. Which of the following do you currently possess or will possess at time of hire:

   □ Wastewater Treatment Plant Operator Certificate issued by the State of California
   Grade _____

   □ Water Treatment Operator Certificate issued by the State of California
   Grade _____

   □ Water Distribution Certificate issued by the State of California
   Grade _____

5. Describe your experience with wetland wastewater treatment systems. If you do not have direct experience in this regard, provide any related training and experience working with natural systems. *[In your answer, make sure you clearly identify where you obtained the experience and the overall length of experience – i.e. months, years]*

6. Currently, the regularly assigned shifts for Water/Wastewater Plant Operator I/II include Monday-Friday, Tuesday-Saturday, or Sunday-Thursday. Assignment to these shifts is at the City's discretion and may rotate or change during an individual's employment. The initial schedule for this vacancy will be Tuesday-Saturday, 8:00 a.m. – 4:30 p.m.(1/2 hour lunch).

   Are you available and willing to work these schedules, as well as nights, on-call, overtime, and other days and/or times as may be necessary? _____ YES _____ NO