

Position Applied For:

PAYROLL/PERSONNEL
SPECIALIST



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. **Notwithstanding 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
PAYROLL/PERSONNEL SPECIALIST

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 the supplemental application with your application will result in disqualification. In answering the questions, be as specific as you can, limiting your answers to a total of two additional pages.

1. Provide detail that demonstrates your level of experience performing the following payroll/personnel activities. Make sure to show how it relates to public sector functions and the duties outlined for this position. (Include employer name, your title and length of time performing the work).
 - A. Interpreting, explaining, and applying laws, internal policies, procedures, and MOU's.
 - B. Payment and reporting activities (i.e. payroll taxes, electronic banking deductions, retirement accounts, wage garnishments, EDD, etc.).
 - C. Determining and processing employee personnel/benefit information (i.e. health insurance, deferred compensation, leave bank cash outs, merit increases, special pays per applicable MOU, Workers Compensation, FMLA/CFRA, short-term disability, etc).
 - D. Reconciling payroll liabilities, preparing accounting transactions, and posting corrective entries to the general ledger.
 - E. Other relevant activities not covered above.

2. Describe your experience working with the Employer's side of My|CalPERS automated system for payroll and retirement related functions. (Include employer name, your title, length of time performing the work, and detail on the types of functions you performed within the system[i.e. payroll contribution reporting, payroll corrections/adjustments, membership/retirement transactions, payments, reports, etc.]).

3. Please describe your experience using Payroll software applications to process payroll and other related functions. (Include the type of software, the duties performed, the number of employees you processed payroll for, employer name, your title and length of time performing the work).

4. Describe your experience preparing payroll related reports. (Include the types of payroll reports you have prepared/maintained, the frequency of the report, the information contained in the report, who the report was created or maintained for, and employer name.)