



## Application for Employment

City of California City  
21000 Hacienda Blvd.  
California City, CA 93505

**We do not discriminate on the basis of race, color, religion, national origin, sex, age, disability, or any other legally protected status. It is our intention that all qualified applicants be equal opportunity and that selection decisions be based on job-related factors.**

*Each question should be fully and accurately answered. No action can be taken on this application until all questions have been answered. Use blank paper if you do not have enough room on this application. PLEASE PRINT OR TYPE, except for signatures on second page of application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based on non-job related information.*

Position Applied For \_\_\_\_\_ Today's Date \_\_\_\_\_

Are you seeking: Full-time  Part-time  Temporary  employment?

When can you start work? \_\_\_\_\_ Desired Salary? \_\_\_\_\_

\_\_\_\_\_  
Last Name First Name MI

\_\_\_\_\_  
Present Street Address City/State Zip Code

\_\_\_\_\_  
Present Mailing Address if different than above

E-mail address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Message Phone Number: \_\_\_\_\_

Are you 18 years of age or older?.....Yes  No

*(If you are hired you may be required to submit proof of age.)*

If hired, can you furnish proof you are eligible to work in the U.S.? Yes  No

Have you ever applied here before?.....Yes  No  If yes, when? \_\_\_\_\_

Were you ever employed here?.....Yes  No  If yes, when? \_\_\_\_\_

Do any of your friends or relatives work here?...Yes  No

Are you now or do you expect to be engaged in any other business or employment?...Yes  No

If yes, please explain \_\_\_\_\_

Do you have a valid California Driver's License?.....Yes  No  If no, when do you expect to receive one? \_\_\_\_\_

For Driving Jobs Only: Driver's License Number \_\_\_\_\_ Class of License \_\_\_\_\_

Have you ever had your driver's license suspended or revoked in the last 3 years?.....Yes  No

If yes, give details: \_\_\_\_\_

List professional, trade, business, or civic activities and offices held (Exclude labor organizations and memberships which reveal race, color, religion, national origin, sex, age, disability or other protected status). \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List name and address of schools:	Number of Years Completed	Diploma/ Degree	Subjects Studied
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High School or GED: \_\_\_\_\_

College or University: \_\_\_\_\_

Vocational or Technical: \_\_\_\_\_

What skills or additional training do you have that are related to the job for which you are applying? \_\_\_\_\_  
\_\_\_\_\_

What machines or equipment can you operate that are related to the job for which you are applying? \_\_\_\_\_  
\_\_\_\_\_

State any other additional information you feel may be helpful to us in considering your application. \_\_\_\_\_  
\_\_\_\_\_

**NOTE: Do not answer this question unless you have been informed about the requirements of the job for which you are applying.**

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given. \_\_\_\_Yes \_\_\_\_No

**References:**

1. \_\_\_\_\_  
Name Phone

\_\_\_\_\_  
Address

2. \_\_\_\_\_  
Name Phone

\_\_\_\_\_  
Address

3. \_\_\_\_\_  
Name Phone

\_\_\_\_\_  
Address

**EMPLOYMENT EXPERIENCE-Must be completed.**

**Do not state "See Resume"**

*Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status. Veteran's Credit Applicable.*

Employer		Dates Employed		Work Performed
Address		Start	End	
Telephone Number(s)				
Job Title	Supervisor	Hourly Rate/Salary		
Reason for leaving				
Employer		Dates Employed		Work Performed
Address		Start	End	
Telephone Number(s)				
Job Title	Supervisor	Hourly Rate/Salary		
Reason for Leaving				
Employer		Dates Employed		Work Performed
Address		Start	End	
Telephone Number(s)				
Job Title	Supervisor	Hourly Rate/Salary		
Reason for Leaving				
Employer		Dates Employed		Work Performed
Address		Start	End	
Telephone Number(s)				
Job Title	Supervisor	Hourly Rate/Salary		
Reason for Leaving				
Employer		Dates Employed		Work Performed
Address		Start	End	
Telephone Number(s)				
Job Title	Supervisor	Hourly Rate/Salary		
Reason for Leaving				

**Please read each statement carefully before signing.**

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I authorize and agree to cooperate in a thorough investigation of all statements made herein and other matters relating to my background and qualifications. I understand that any investigation conducted may include a request for employment and educational history, credit reports, consumer reports, Investigative Consumer Reports, driving record and criminal history. I authorize any person, school, current and former employer, consumer reporting agency, and any other organization or agency to provide information relevant to such investigation and I hereby release all persons and corporations requesting or supplying information pursuant to such investigation from all liability or responsibility to me for doing so. I understand that I have the right to make a written request within a reasonable period of time for complete disclosure of the nature and scope of any investigation. I further authorize any physician or hospital to release any information which may be necessary to determine my ability to perform the job for which I am being considered or any future job in the event that I am hired.

I understand that compliance with the City's Code of Conduct is a condition of my employment.

I understand that I may be required to successfully pass a drug-screening and physical examination. I hereby consent to pre- and/post-employment drug screen and physical examination (where applicable) as a condition of my employment, if required.

I understand that this application or subsequent employment does not create a contract of employment nor guarantee employment for any definite period of time.

I have read, understand, and by my signature consent to these statements.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*This application for employment will remain active for 6 months  
unless otherwise specified by Personnel Director.*

**FOR PERSONNEL DEPARTMENT USE ONLY**

Position applied for is Open: Yes  No

Positions Considered For: \_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

References contacted by: \_\_\_\_\_ Date: \_\_\_\_\_

**Applicant EEO or Affirmative Action Information**

It is the policy of this organization to provide equal employment opportunity to all qualified applicants for employment without regard to race, color, religion, national origin, sex, age, disability or other legally protected status. Various agencies of the government require employers to invite applicants to identify themselves as indicated below.

COMPLETION OF THIS FORM IS VOLUNTARY AND IN NO WAY AFFECTS THE DECISION REGARDING YOUR APPLICATION FOR EMPLOYMENT. THIS FORM IS CONFIDENTIAL AND WILL BE MAINTAINED SEPARATELY FROM YOUR APPLICATION FORM.

Please Check  Male  Female      Age:  Under 40     40 and over

Number of persons in household: \_\_\_\_\_

Approximate annual Household Income \_\_\_\_\_

Also, please check one box only for the racial/ethnic category you most closely identify with (see the below definitions).

- White (Not of Hispanic Origin) All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- Black (Not of Hispanic Origin) All persons having origins in any of the original peoples of Africa or the West Indies.
- Hispanic All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- Asian or Pacific Islander All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands (excluding the Philippine Islands.) This are includes, for example, China, Japan, Korea, and Samoa.
- American Indian or Alaskan Native All persons having origins in any of the original peoples of North American, and who maintain cultural identifications through tribal affiliation or community recognition. Please identify your tribal affiliation: \_\_\_\_\_
- Filipino All persons having origins in the Philippine Islands.
- \Other (specify) \_\_\_\_\_

Do you have any physical condition or handicap which may limit your ability to perform the job applied for? \_\_ yes \_\_ no

If yes, what can be done to accommodate your limitations and, if necessary, to provide assistance in the testing process? If you have special needs, please list and call

(760) 373-7377 \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_