

APPLICATION FOR EMPLOYMENT
CITY OF FILLMORE, CALIFORNIA



NAME _____

POSITION APPLIED FOR _____

DATE _____

Please answer all questions correctly and accurately. All statements in your application are subject to verification. An incorrect statement may bar or remove you from employment. Applications may be filed at Fillmore City Hall, or may be mailed to the ADMINISTRATIVE SERVICES MANAGER at:

CITY OF FILLMORE
250 CENTRAL AVENUE
FILLMORE, CA 93015

Drivers License# _____ Class: ___A___B___C___D State: _____

In case of emergency, notify:

Name

Telephone Number

Alternate Phone

Address

City

State

Zip Code

EDUCATION

Circle Highest Grade Completed 1 2 3 4 5 6 7 8 9 10 11 12	Name and Location of School		Did you graduate? ___ YES ___ NO			
			Did you earn a GED? ___ YES ___ NO			
Name and Location of Colleges, Universities, Trade or Vocational Schools, or Training Programs Attended.	Major	Did you Graduate		Units Completed		Degree or Certificate
		YES	NO	Semester	Quarter	

List any licenses or professional certificates you hold which apply to this position:

Operation of Office Machines:

Computers:

Software:

Mechanical Experience:

Operation of Machinery:

EXPERIENCE

List all positions you have held during the past ten (10) years starting with your present or most recent position. Include relevant volunteer experience. Account for all periods of unemployment. If additional space is required, reverse side may be used. Resumes may be added but cannot be substituted for this section.

May we contact your present employer? YES NO

Dates of Employment and Salary Received	Job Title(s) and Duties Performed	Employer's Name, Address and Phone Number
From _____ To _____ Mo. Yr. Mo. Yr.	Job Title: Duties:	
Salary: _____		
Reason for Leaving: _____		
		Supervisor's Name:
		Phone No.:
From _____ To _____ Mo. Yr. Mo. Yr.	Job Title: Duties:	
Salary: _____		
Reason for Leaving: _____		
		Supervisor's Name:
		Phone No.:
From _____ To _____ Mo. Yr. Mo. Yr.	Job Title: Duties:	
Salary: _____		
Reason for Leaving: _____		
		Supervisor's Name:
		Phone No.:
From _____ To _____ Mo. Yr. Mo. Yr.	Job Title: Duties:	
Salary: _____		
Reason for Leaving: _____		
		Supervisor's Name:
		Phone No.:

From _____ To _____ Mo. Yr. Mo. Yr.	Job Title: Duties:	
Salary: _____		
Reason for Leaving:		
		Supervisor's Name:
		Phone No.:
From _____ To _____ Mo. Yr. Mo. Yr.	Job Title: Duties:	
Salary: _____		
Reason for Leaving:		
		Supervisor's Name:
		Phone No.:
From _____ To _____ Mo. Yr. Mo. Yr.	Job Title: Duties:	
Salary: _____		
Reason for Leaving:		
		Supervisor's Name:
		Phone No.:
From _____ To _____ Mo. Yr. Mo. Yr.	Job Title: Duties:	
Salary: _____		
Reason for Leaving:		
		Supervisor's Name:
		Phone No.:

REFERENCES

Please provide name and address of two people, not relatives, who have knowledge of your skills, experience, and abilities.

NAME	ADDRESS	CITY/STATE	ZIP
------	---------	------------	-----

PHONE	ORGANIZATION	TITLE
-------	--------------	-------

NAME	ADDRESS	CITY/STATE	ZIP
------	---------	------------	-----

PHONE	ORGANIZATION	TITLE
-------	--------------	-------

ADDITIONAL INFORMATION

Please provide any additional information covering your qualification(s) for this position.

I certify that all statements made in this application are true and complete, and that any misstatement of material fact will subject me to disqualification or dismissal.

Signature of Applicant

Date

To assist us in recruitment efforts and to enable the City to take affirmative measures to comply with Federal Government regulations, please complete this form and submit it with your application. The form will be detached from your application and will not be forwarded to the appointing department.

DATE _____

POSITION APPLIED FOR _____

I FIRST LEARNED OF THIS JOB OPENING THROUGH (Check One)

- A FRIEND OR RELATIVE
- AN ORGANIZATION OR GROUP (Please Specify)
- THE CITY'S PERSONNEL OFFICE
- PERSONAL CONTACT WITH A CITY RECRUITER
- AN OUTREACH RECRUITMENT CENTER
- CONTACT WITH A CITY OFFICE OTHER THAN PERSONNEL
- AN ADVERTISEMENT IN A NEWSPAPER

Which Newspaper? _____

AN ADVERTISEMENT IN A MAGAZINE, PERIODICAL, OR BULLETIN

Which Publication? _____

OTHER MEANS (Please Specify) _____