

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 HUMAN RESOURCES OFFICER at:

CITY OF FILLMORE
250 CENTRAL AVENUE
FILLMORE, CA 93015

PERSONAL INFORMATION

Last Name	First	Initial	Position Applied for	
Mailing Address		City	State	Zip
_____		_____	_____	
Home Telephone	Mobile or Work Telephone		Email (optional)	

The age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.

Are you at least 18 years of age? _____ Yes _____ No

If selected, can you provide proof of your legal eligibility to work in the United States? _____ Yes _____ No

Do you know anyone in our employ? _____ Yes _____ No

Name: _____ Dept: _____

Name: _____ Dept: _____

Are you related to anyone in our employ? _____ Yes _____ No

Name: _____ Dept: _____

Name: _____ Dept: _____

Have you ever been convicted of a crime in the last 7 years? _____ Yes _____ No

(In answering this question, do not include: Information regarding an arrest or detention that did not result in conviction; information regarding referral to, and participation in, any pre-trial or post-trial diversion program; minor traffic violations; convictions for which the record has been judicially ordered sealed or expunged; marijuana-related convictions described in California Labor Code Section 432.8 that are more than two years old; misdemeanor convictions for which probation has been successfully completed or discharged and that have been judicially dismissed pursuant to California Penal Code Section 1203.4)

If yes, please explain (a conviction will not automatically bar employment):

Have you ever been discharged or forced to resign from a position? _____ Yes _____ No

If yes, please explain:

Will you accept temporary work? _____ Yes _____ No

Drivers License # _____ Class: ___ A ___ B ___ C ___ D State: _____

In case of emergency, notify:

Name	Telephone #	Alternate #
------	-------------	-------------

Address	City	State	Zip
---------	------	-------	-----

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		

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

Operation of Office Machines:

Computers:

Software:

Mechanical Experience (If pertains to this position):

Operation of Machinery (if pertains to this position):

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	Job Title(s) and Duties Performed	Employer's Name, and Phone Number
Address and Salary Received		

From _____ To _____	Job Title: _____	
Mo. Yr.	Mo. Yr. Duties: _____	
Salary: _____	_____	
Reason for Leaving: _____		

Supervisor's Name: _____

Phone No.: _____

From _____ To _____	Job Title: _____	
Mo. Yr.	Mo. Yr. Duties: _____	
Salary: _____	_____	
Reason for Leaving: _____		

Supervisor's Name: _____

Phone No.: _____

From _____ To _____ Job Title: _____

Mo. Yr. Mo. Yr. Duties: _____

Salary: _____

Reason for Leaving: _____

Supervisor's Name: _____

Phone No.: _____

From _____ To _____ Job Title: _____

Mo. Yr. Mo. Yr. Duties: _____

Salary: _____

Reason for Leaving: _____

Supervisor's Name: _____

Phone No.: _____

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) _____