

**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 DIRECTOR at:

**CITY OF FILLMORE**  
**250 CENTRAL AVENUE**  
**FILLMORE, CA 93015**

# PERSONAL INFORMATION

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

*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: \_\_\_\_\_

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**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:**

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**Mechanical Experience (If pertains to this position):**

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**Operation of Machinery (if pertains to this position):**

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## **EXPERIENCE**

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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.

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**May we contact your present employer?**

YES \_\_\_\_\_

NO \_\_\_\_\_

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**Employer's Name:**

**Start Date**

**End Date**

**Street Address:**

**City**

**State & Zip**

**Phone Number:**

**Supervisor's Name**

**Position and Brief Description of Job Duties Performed:**

**Reason for Leaving:**

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**Employer's Name:**

**Start Date**

**End Date**

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**Street Address:**

**City**

**State & Zip**

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**Phone Number:**

**Supervisor's Name**

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**Position and Brief Description of Job Duties Performed:**

**Reason for Leaving:**

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**Employer's Name:**

**Start Date**

**End Date**

---

**Street Address:**

**City**

**State & Zip**

---

**Phone Number:**

**Supervisor's Name**

---

**Position and Brief Description of Job Duties Performed:**

**Reason for Leaving:**

---

---

**Employer's Name:**

**Start Date**

**End Date**

---

**Street Address:**

**City**

**State & Zip**

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**Phone Number:**

**Supervisor's Name**

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**Position and Brief Description of Job Duties Performed:**

**Reason for Leaving:**

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## REFERENCES

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

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NAME	ADDRESS	CITY/STATE	ZIP
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PHONE	ORGANIZATION	TITLE
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NAME	ADDRESS	CITY/STATE	ZIP
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PHONE	ORGANIZATION	TITLE
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**ADDITIONAL INFORMATION**

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

*I certify that the information contained in this application is true and complete. I understand that false information may be grounds for not hiring me or for immediate termination of employment at any point in the future if I am hired. I authorize the City of Fillmore to verify any or all information listed above.*

\_\_\_\_\_  
**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)

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

Which Newspaper? \_\_\_\_\_

AN ADVERTISEMENT IN A MAGAZINE, PERIODICAL, OR BULLETIN

Which Publication? \_\_\_\_\_

OTHER MEANS (Please Specify) \_\_\_\_\_