



Application for Employment CITY OF PORTERVILLE

AN EQUAL OPPORTUNITY EMPLOYER
 CITY ADMINISTRATIVE SERVICES DEPARTMENT
 291 NORTH MAIN STREET, PORTERVILLE, CA 93257
 (559) 782-7441 FAX (559) 782-7452

FOR OFFICE USE ONLY

- ACCEPTED
- REJECTED
- DATE NOTICE MAILED:

RESUMÉ ATTACHED

- YES
- NO

INSTRUCTIONS:

1. PLEASE TYPE OR PRINT CLEARLY IN INK
2. Answer *all* questions completely and accurately
3. Incomplete or illegible applications will not be considered
4. Incorrect or false statements are cause for rejection or dismissal
5. Be specific when listing information which meets the job requirements
6. Resumé may be attached to completed application
7. One application must be completed per position

DATE STAMP

POSITION APPLYING FOR:

(Please give exact title)



Last Name	First Name	Middle Initial	Previously Used Name(s)
Mailing Address		City & State	Zip Code
Home Phone		Email Address:	
Cell/Alt. Phone		List any languages other than English you can speak or write:	

Please list any machines or equipment you can operate related to this position:

Do you have any special experiences, skills or qualifications which you believe would significantly contribute to the position applied for?

EDUCATION

Please read the qualifications section on the Employment Opportunity Bulletin before completing this section.

HIGH SCHOOL:	LOCATION:	GRADUATE <input type="checkbox"/> Y <input type="checkbox"/> N	MAJOR/DEGREE
UNIVERSITY OR COLLEGE:	LOCATION:	GRADUATE <input type="checkbox"/> Y <input type="checkbox"/> N	MAJOR/DEGREE
ACADEMY/OCCUPATIONAL:	LOCATION:	GRADUATE <input type="checkbox"/> Y <input type="checkbox"/> N	CERTIFICATE
PROFESSIONAL LICENSE:	TYPE:	EXP. DATE:	OTHER:

EMPLOYMENT

Instructions: (No resumé in lieu of application):

1. List present or most recent position first;
2. List all jobs (including military service, school attendance and periods of unemployment) for at least the past 10 years;
3. Include all paid and unpaid experience which you feel qualifies you for this position; and
4. If more space is needed, attach additional sheets.

May we contact to verify your qualifications? YES NO

Present Employer?
YES NO

From: _____ To: _____ Circle one: Full-Time Part-Time Volunteer Intern	Job Title: _____ Describe your duties: _____ _____ _____ Reason for Leaving: _____	Employer/Company Name: _____ Address: _____ _____ Phone No. _____ Supervisor: _____
From: _____ To: _____ Circle one: Full-Time Part-Time Volunteer Intern	Job Title: _____ Describe your duties: _____ _____ _____ Reason for Leaving: _____	Employer/Company Name: _____ Address: _____ _____ Phone No. _____ Supervisor: _____
From: _____ To: _____ Circle one: Full-Time Part-Time Volunteer Intern	Job Title: _____ Describe your duties: _____ _____ _____ Reason for Leaving: _____	Employer/Company Name: _____ Address: _____ _____ Phone No. _____ Supervisor: _____

CERTIFICATION

1. I hereby certify that all statements made in this application are true and complete to the best of my knowledge, and any misstatements, omissions, or falsification of material facts may, if I am employed, be considered cause for immediate dismissal from my employment with the City of Porterville.
2. I understand that employment is contingent upon successful completion of a job related physical examination.
3. I authorize the release of any information necessary to verify the statements made in this application to the City of Porterville or its duly authorized agents.
4. I understand that employment is contingent upon my providing verification of my identity and legal right to work in the United States, as required by law.

I understand and agree to the above.

Signature of Applicant: _____

Date: _____

PERSONNEL DATA SHEET
CITY OF PORTERVILLE
 ADMINISTRATIVE SERVICES OFFICE/HUMAN RESOURCES

This section of the form will remain in the Personnel file. Information that is directly job related may be released to hiring departments upon consideration of appointment.

Last Name (Print)	First Name	Middle Name	Position Applied For
-------------------	------------	-------------	----------------------

Address	Name of Person to Contact in Emergency
---------	--

City & State	Zip Code	Address
--------------	----------	---------

Home Phone	Business Phone	City & State	Zip Code
------------	----------------	--------------	----------

Social Security No.	
---------------------	--

Other Names used in Employment	Relationship	Phone
--------------------------------	--------------	-------

Do you possess a valid California Driver's License? Yes or No Driver's License No. Class Date Expires Please list any special endorsements/certificates you may possess. _____ _____	If selected for hire, can you provide legal and valid documentation to work in the United States? YES <input type="checkbox"/> NO <input type="checkbox"/>
--	---

The City of Porterville is committed to employ only U.S. citizens and legal aliens authorized to work in the U.S. If employed, you will be required to submit verification of your legal right to work in the U.S. as referenced by the Immigration Reform Act of 1986

Do you have any relative currently employed by the City of Porterville? YES NO

Name _____ Department/Position _____ Relationship _____

"I certify that all statements made on this application are true and complete to the best of my knowledge. I understand that any false statement or omission is cause for disqualification or dismissal."

Signature of Applicant **X** _____ Date _____



CITY OF PORTERVILLE
VOLUNTARY APPLICANT IDENTIFICATION FORM

Name: _____ Date: _____

Position Applied for: _____

To comply with statistical information on applicant flow patterns requested by the Federal Equal Employment Opportunity Commission (41 CFR 60-2.12), we would appreciate your voluntary cooperation in providing the following information. **THIS INFORMATION IS NOT A PART OF THE SELECTION PROCESS** since this form will be detached from your application and used for statistical reporting requirements only.

Age: Under 21 21 to 44 45 and over

Sex: Female Male **Physically Handicapped:** No Yes

- RACE (Ethnicity):**
Check all that apply
- American Indian or Alaskan Native:** All persons having origins in any of the original peoples of North America
 - Asian or Pacific Islanders:** All persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Pacific Islands.
 - Black:** All persons having origins in any of the Black racial groups (not of Hispanic origin).
 - Hispanic:** All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
 - White:** All persons having origins in any of the original peoples of Europe, North Africa, the Middle East, or the Indian Subcontinent.

