



APPLICATION FOR EMPLOYMENT

Submit To: City of Corcoran, Human Resources Coordinator, 832 Whitley Avenue, Corcoran, California 93212

All positions must include DMV printout issued within 2 months.

For information call: (559) 992-2151 ext. 268 or 235

www.cityofcorcoran.com

The City of Corcoran is an Equal Opportunity Employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability or handicap, or veteran status.

IMPORTANT: This application is part of your examination. PLEASE FOLLOW THESE INSTRUCTIONS EXACTLY.

- A. Read examination announcement thoroughly and apply only if you feel reasonably certain that you meet all the minimum qualifications.
- B. Answers on this form will be evaluated. Clearly state your qualifications which meet the requirements for this job.
- C. Fill out the form completely. If a question does not apply to you write N/A.
- D. Attach additional sheets if necessary. Write your name on each sheet.
- E. Avoid any reference to religion, politics, race, sex or other non job related traits.
- F. Notify the City promptly in case of change of address.

False statements are cause for rejection, removal from eligible list, or dismissal.

Applying for Position of: _____

Name: _____
First Middle Last

Address: _____
Number & Street City State Zip Code

Telephone: Home (____) _____ Business/Cell (____) _____

Driver's License: _____
State Number Class Exp. Date

Have you ever had a driver's license revoked or suspended? Yes ___ No ___

CONVICTIONS (READ CAREFULLY AND ANSWER FULLY)

Have you ever been convicted of any charges other than minor traffic citations? Yes ___ No ___
(Drunk driving, reckless driving, hit-and-run driving, and Failure to Appear convictions are not minor traffic violations.)

If YES, List below all incidents. NOTE: Unless stated on the examination announcement, conviction is not an automatic bar to employment – each case is considered on its own merits. All applicants may be subject to a fingerprint investigation before employment.

List All Charges	Approximate Date	City & State	Final Result Each Charge

EDUCATION AND TRAINING:

Circle Highest Grade Completed:

High School: 9 ___ 10 ___ 11 ___ 12 ___ G.E.D. ___
College: 13 ___ 14 ___ 15 ___ 16 ___
Graduate: 17 ___ 18 ___ 19 ___

	Name of School	City & State	# of Units	Did you Graduate?	List Diploma or Degree Earned	Major Course Emphasis
High School						
College or University						
Graduate School						
Tech or Voc School						
Other						

Please list any **License, Certificates, Registration** or specific school courses required for this job which you hold:

Special Skills. List any special skills which would relate to this position, including languages you read, speak or write other than English.

Are you legally eligible for employment in the United States? Yes ___ No ___
 (If offered employment, you will be required to provide documentation to verify eligibility.)

Are you legally old enough to work in this job? Yes ___ No ___

Are you related by blood or marriage to a current City employee? Yes ___ No ___

If YES, give name of relative, relationship, and City Department: _____

Are you NOW or have you ever been employed by the City of Corcoran? Yes ___ No ___

If YES, give position, department and dates: _____

EMPLOYMENT HISTORY

1. Give complete information for each employment during the past 10 years; a separate resume is not acceptable for this purpose but may be included if desired.
2. Show your **Present or Most Recent** job first.
3. Use a separate block for each **Job Title** (even those with same employer). – If more space is needed, a separate sheet may be attached.
4. Include U.S. Military schooling or training and volunteer work.

Position: _____ Employer: _____

Hire Date: _____ End Date: _____ Supervisor: _____

Starting Salary \$ _____ Final Salary \$ _____ Address: _____

Hours per Week _____ City: _____ State: ___ Telephone: _____

Reason for Leaving: _____

Duties: _____

Position: _____ Employer: _____
Hire Date: _____ End Date: _____ Supervisor: _____
Starting Salary \$ _____ Final Salary \$ _____ Address: _____
Hours per Week _____ City: _____ State: ___ Telephone: _____
Reason for Leaving: _____
Duties: _____

Position: _____ Employer: _____
Hire Date: _____ End Date: _____ Supervisor: _____
Starting Salary \$ _____ Final Salary \$ _____ Address: _____
Hours per Week _____ City: _____ State: ___ Telephone: _____
Reason for Leaving: _____
Duties: _____

Position: _____ Employer: _____
Hire Date: _____ End Date: _____ Supervisor: _____
Starting Salary \$ _____ Final Salary \$ _____ Address: _____
Hours per Week _____ City: _____ State: ___ Telephone: _____
Reason for Leaving: _____
Duties: _____

Would you object to having any of the above employers contacted in regard to your work? Yes___ No ___
If YES, indicate which one (s): _____

Were you ever discharged or forced to resign from any position? Yes___ No ___
If YES, explain: _____

I understand the following:

1. That as a condition of employment, I may be required to and during employment to take and pass medical and psychological tests including drug and alcohol screens.
2. The City has a right to search anything brought onto its premises including desks, lockers, handbags, briefcases, and automobiles.
3. If hired, I will be required to comply with all the rules and regulations.
4. Benefits and rules and regulations may be changed, modified, deleted or added to at any time at the City's sole option and without prior notice.
5. No representative of the City has any authority to enter into any agreement for employment for any specified period of time or to make commitments or promises, or assure any benefit terms and conditions of employment unless said are made in writing and signed by the City Manager.
6. This application will remain active for no more than 90 days.

My signature certifies that all information on this application is true, including that regarding my education and experience. I understand that falsification, omission or misstatement of information may result in refusal to hire or, if hired dismissal from employment.

Signature: _____ Date: _____

CITY OF CORCORAN

The City of Corcoran is an Affirmative Action/Equal Opportunity Employer. To demonstrate that we meet equal employment opportunity requirements, periodically we must report statistical information about applicants and employees to the United States government. Your participation is voluntary and would be greatly appreciated. **THIS INFORMATION WILL BE KEPT SEPARATE AND CONFIDENTIAL AND WILL NOT BE USED IN ANY WAY TO MAKE EMPLOYMENT DECISIONS.** (Note: If you do not wish to participate, please fill in your name and the position you are applying for and return this form with your application to complete our files.) Please complete the following:

NAME: _____ **POSITION APPLYING FOR:** _____

BIRTHDATE: ___/___/___ **AGE:** _____

How did you hear about the position: City Website _____ Corcoran Journal _____
Hanford Sentinel _____ Fresno Bee _____ Cal Jobs _____ Other _____

CHECK APPROPRIATE BOXES:

CITIZENSHIP: Native _____ Naturalized _____ Alien _____

SEX: Male _____ Female _____

BILINGUAL ABILITY: Spanish/English Yes _____ No _____ Other: _____

EDUCATION: (Highest Level Completed)

Less than eighth grade _____, Eighth grade _____, High School or G.E.D. _____
Junior College _____, 4-year degree _____, Graduate degree _____

ETHNIC AFFILIATION:

___ 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 Black racial groups of Africa.

___ Asian or Pacific Islander: All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian sub-continent or the Pacific Islands (includes Chinese, Japanese, Korean, Filipino, and Samoan).

___ Hispanic: All persons of Mexican, Puerto Rico, Cuban, Central or South American or other Spanish culture or origin, regardless of race.

___ American Indian or Alaskan Native: All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

DISABLED OR HANDICAPPED:

Definition: Any person who has, is regarded as having, or has a record of having a physical or mental impairment which substantially limits one or more major life activities, such as difficulty in securing, retaining or advancing in employment; OR, any person who has impairment of sight, hearing or speech, or impairment of physical ability because of amputation or loss of functions or coordination, or any other health impairment which requires special education or related services.

___ I have a disability or handicap which meets the definition above.