



**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 resumés 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 <input type="checkbox"/> NO <input type="checkbox"/> | | Present Employer? YES <input type="checkbox"/> NO <input type="checkbox"/> |
| From: _____ To: _____ Mo. Salary: _____ Hrs. per Week: _____ | Job Title: _____ Describe your duties: _____ _____ Reason for Leaving: _____ _____ | Employer/Company Name: _____ Address: _____ Phone No. _____ Supervisor: _____ |
| From: _____ To: _____ Mo. Salary: _____ Hrs. per Week: _____ | Job Title: _____ Describe your duties: _____ _____ Reason for Leaving: _____ _____ | Employer/Company Name: _____ Address: _____ Phone No. _____ Supervisor: _____ |
| From: _____ To: _____ Mo. Salary: _____ Hrs. per Week: _____ | 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 |
| Driver's License No. | | | Class | Date Expires |
| | | | If selected for hire, can you provide legal 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 _____

The City of Porterville is an equal opportunity employer (EEO) and is compliant with the Americans with Disabilities Act (ADA). If you believe you need accommodation under the ADA in the testing process for any position for which you intend to apply, please contact the Personnel Division at (559) 782-7441 to request such accommodation. If you have questions or concerns about ADA provisions or the City's processes in complying with the law, please contact the Personnel Division at (559) 782-7441.



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): **American Indian or Alaskan Native:** All persons having origins in any of the original peoples of North America
Check all that apply

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.

