



**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?			
<b>EDUCATION</b>			
<i>Please read the qualifications section on the Employment Opportunity Bulletin before completing this section.</i>			
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	

HAVE YOU EVER BEEN CONVICTED BY ANY COURT OF ANY OFFENSE?

YES  NO

You may only **omit**: (1) Traffic violations for which the fine imposed was \$30 or less. (2) Any offense which was finally adjudicated in a Juvenile Court or under the Youth Offender Law. (3) Any incident that has been sealed under Welfare and Institutions Code Section 781 or Section 1203.45. (4) **Convictions for certain marijuana offenses that are more than two years old, pursuant to Labor Code Section 432.8.** Prior **Convictions, in and of themselves, will not necessarily disqualify an applicant from employment with the City of Porterville.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**\*\* If yes, please state nature of convictions, dates, city, state and disposition**

<b>COMPLETE ONLY IF JOB RELATED:</b>	If selected for hire, can you provide legal documentation to work in the United States?
Driver's License No. _____ Class _____ Date Expires _____	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):**       **American Indian or Alaskan Native:** All persons having  
Check all that apply      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.

