

CITY OF PORTERVILLE
291 North Main Street
Porterville, California 93257
(209) 782-7441
FAX (866) 260-1032

EMPLOYMENT APPLICATION
Affirmative Action/Equal Opportunity Employer

Last Name	First Name	Middle Initial	Position Applied For
Address		City & State	Zip Code
Home Phone	Do you speak or write any foreign language(s)? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Business Phone	If yes, what language(s) do you speak or write? _____		

Please indicate the types of work you will accept:

- | | | |
|------------------------------------|--|---|
| <input type="checkbox"/> Full Time | <input type="checkbox"/> Day Shift | <input type="checkbox"/> Rotating Shift
(May include weekends) |
| <input type="checkbox"/> Part Time | <input type="checkbox"/> Swing | |
| <input type="checkbox"/> Temporary | <input type="checkbox"/> Graveyard Shift | |

Instructions to applicant: Applications are screened for position qualifications and requirements. (Refer to job announcements.) We therefore ask that you complete all questions fully and accurately.

EDUCATION DATA

Circle highest grade completed:

6 7 8 9 10 11 12

Name & Location of High School

College/University	City & State	From	To	Major & No. of Units	Degree & Yr.
Vocational/Technical					

Professional or Technical Licenses
or Certificates & Dates Received:

Note: Applicants will be required to show evidence of certificates if applicable to the position.

List Office machines or equipment you have operated or other mechanical
or technical skills that might apply:

Shorthand WPM: _____

Typing WPM: _____

EXPERIENCE: Please account for all employment within the last ten years, beginning with your current or most recent employer. In addition, please indicate any other experience which you feel is relevant to the position for which you are applying (e.g. volunteer experience, military experience, gained over ten years ago, etc.) Attach an additional sheet if extra space is needed.

From: _____	Job Title: _____	Firm Name: _____
To: _____	Describe your duties: _____	Address: _____
Mo. Salary: _____		Phone No. _____
Hrs. per Week: _____	Reason for Leaving: _____	Supervisor's Name: _____
From: _____	Job Title: _____	Firm Name: _____
To: _____	Describe your duties: _____	Address: _____
Mo. Salary: _____		Phone No. _____
Hrs. per Week: _____	Reason for Leaving: _____	Supervisor's Name: _____
From: _____	Job Title: _____	Firm Name: _____
To: _____	Describe your duties: _____	Address: _____
Mo. Salary: _____		Phone No. _____
Hrs. per Week: _____	Reason for Leaving: _____	Supervisor's Name: _____
From: _____	Job Title: _____	Firm Name: _____
To: _____	Describe your duties: _____	Address: _____
Mo. Salary: _____		Phone No. _____
Hrs. per Week: _____	Reason for Leaving: _____	Supervisor's Name: _____
From: _____	Job Title: _____	Firm Name: _____
To: _____	Describe your duties: _____	Address: _____
Mo. Salary: _____		Phone No. _____
Hrs. per Week: _____	Reason for Leaving: _____	Supervisor's Name: _____

If we contact your present employer, will such action jeopardize your position? YES NO

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 U.S.

Date _____ Signature of Applicant _____

**PERSONNEL DATA SHEET
CITY OF PORTERVILLE
PERSONNEL OFFICE**

This section of the form will remain in the Personnel files. Information that is directly job related may be released to hiring departments in the City only after appointment is made.

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 of an offense other than a minor traffic violation? Do not include convictions while a minor and/or convictions sealed by court order.

YES NO

If so, please state nature of convictions, dates, city, state and disposition
A conviction is not an automatic bar to employment and the nature, recency, and disposition will be considered only as it relates to the job for which you are applying.

If Applicable to Position:			If you are not an American Citizen, do you have the legal right to remain in the United States?	
Driver's License No.	Class	Date Expires	YES <input type="checkbox"/>	NO <input type="checkbox"/>
			Alien Registration No. _____	

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 _____ 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."

Date _____ Signature of Applicant **X** _____

In accordance with Section 1233 of the State Government Code and Section 1420 of the State Labor Code, the information requested below will be used for statistical purposes only. It will enable the Personnel Office to more effectively evaluate the recruitment process in meeting affirmative action goals, and to determine if there is any adverse impact in the selection process on groups protected under federal and state equal opportunity laws. This information is requested on a voluntary basis and will not be retained as part of your application. If you have any questions regarding this request, please contact the Personnel Office. Your application will be processed whether or not you complete these questions. Thank you for your assistance.

- Male
- Black
- Asian, Oriental
- Female
- Spanish-Surnamed Mexican-American
- Filipino
- Handicapped
- White
- American Indian
- Between 40 and 64 Years of Age
- Polynesian
- Other

So that we may improve our recruitment efforts, we ask you to check and fill in the appropriate data below.

How did you hear of this opening?

- Advertisement, Name of Publication: _____
- Bulletin; Location where Posted: _____
- Had Interest Card on File
- City Employee
- Other: _____