



**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)	
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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 HISTORY

Instructions: (No resumés in lieu of application):

1. List present or most recent position first;
2. Application must be completed, do not fill in answers with "see resumé;
3. Account for all time (including military service, school attendance and periods of unemployment) for at least the past 10 years;
4. Include all paid an unpaid experience which you feel qualifies you for this position; and
5. If more space is needed, attach additional sheets.

May we contact to verify your qualifications?	Present Employer? YES <input type="checkbox"/> NO <input type="checkbox"/>	Past Employers? YES <input type="checkbox"/> NO <input type="checkbox"/>
DATES: From: _____ To: _____ Hrs. per Week: _____	Job Title: _____ Describe your duties: _____ _____ Reason for Leaving: _____ _____	Firm Name: _____ Address: _____ _____ Phone No. _____ Supervisor's Name: _____ _____
DATES: From: _____ To: _____ Hrs. per Week: _____	Job Title: _____ Describe your duties: _____ _____ Reason for Leaving: _____ _____	Firm Name: _____ Address: _____ _____ Phone No. _____ Supervisor's Name: _____ _____
DATES: From: _____ To: _____ Hrs. per Week: _____	Job Title: _____ Describe your duties: _____ _____ Reason for Leaving: _____ _____	Firm Name: _____ Address: _____ _____ Phone No. _____ Supervisor's Name: _____ _____

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 examinations.
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	Expiration Date	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

(If you answered yes to having a relative currently employed by the City of Porterville, provide their information below.)

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):
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.

