Revised: 03/10

OFFICE USE ONLY
Date Filed (Mo./Day/Yr.): / /
Reviewed by:

CITY OF GLENDORA

APPLICATION FOR EMPLOYMENT

POSITION: _____ Full-time ❑ Part-time ❑ Summer ❑ Contract ❑
(State Exact Job Title)

APPLICANT INFORMATION

READ BEFORE FILLING OUT! Fill in all information. Print using ink or typewriter. False statements are cause for rejection or dismissal. Additional information may be submitted on a separate sheet and attached to this form. Only applications with original signatures will be accepted.

1. Name _____ (Last) (First) (Middle) Other Names Used in Employment _____
2. Mailing Address _____ (Number) (Street)
3. City/State/Zip _____ (City) (State) (Zip Code)
4. Telephone Home ( ) _____ Cell ( ) _____ Business ( ) _____ Ext. _____
5. E-mail Address _____
6. Driver's License No. _____ State _____ Expiration Date _____
7. Social Security Number (Last four digits only) _____
8. Are you over 18 years of age? ..... Yes ❑ No ❑
9. Are you legally eligible for employment in the United States? ..... Yes ❑ No ❑
(If yes, proof is required at time of hire)
10. Are you able to perform the job functions of the position for which you are applying with or without reasonable accommodation? ..... Yes ❑ No ❑

_____

IF YOU ANSWER "YES" TO EITHER OF THE QUESTIONS BELOW, PROVIDE THE DETAILS ON A SEPARATE SHEET OF PAPER.

11. Were you ever discharged or forced to resign due to unsatisfactory service? ..... Yes ❑ No ❑
12. Have you ever been convicted, imprisoned or placed on probation for an offense other than a minor traffic citation or misdemeanor? Yes ❑ No ❑

SPECIAL SKILLS & TRAINING

13. Typing Speed _____ net w.p.m.
14. I can operate the following job related equipment and/or computer software:

PERSONAL REFERENCES

15. Give name and home or business addresses of two persons not related to you who have knowledge of your character, work experience and ability.

Name _____ Business or Occupation _____

Address _____ Telephone ( ) _____

Name _____ Business or Occupation _____

Address _____ Telephone ( ) _____

16. **CERTIFICATION: PLEASE READ BEFORE SIGNING, IF NOT SIGNED THIS APPLICATION MAY BE REJECTED**. I certify under penalty of perjury that the information I entered on this application is true and complete to the best of my knowledge. I understand that the City of Glendora may reject my application if it discovers an issue(s)/incident(s) which occurred during my current or former employment, and I did not disclose such on this job application. I also understand that any false, incomplete, or incorrect statements may result in my disqualification from the application process or dismissal from employment with the City of Glendora.

Applicant's signature _____ Date _____

POSITION:_____**NAME:**_____

EDUCATIONAL BACKGROUND

17. HIGH SCHOOL: Did you Graduate? Yes ❑ No ❑ If you answered "No," indicate the number of years completed _____ or G.E.D.

18. COLLEGE, UNIVERSITY OR TRADE SCHOOL: List courses you have completed that are required and others directly related to the job for which you are applying. Attach an additional sheet if necessary.

Dates Attended (From)	(To)	School Name	City/State	Field of Study	Degree or No. of Credits Earned

19. Certificates of Professional or Vocational Competence or Licenses: _____

20. Membership in Professional or Technical Associations: _____

EMPLOYMENT EXPERIENCE

21. List employers beginning with present or most recent position. Include military experience.

A. Title _____ Employed from _____ to _____
Employer _____ Supervisor's Name _____
Address _____ City: _____ State: _____ Zip Code: _____
Duties:

Reason for Leaving _____ Last Salary _____

B. Title _____ Employed from _____ to _____
Employer _____ Supervisor's Name _____
Address _____ City: _____ State: _____ Zip Code: _____
Duties:

Reason for Leaving _____ Last Salary _____

C. Title _____ Employed from _____ to _____
Employer _____ Supervisor's Name _____
Address _____ City: _____ State: _____ Zip Code: _____
Duties:

Reason for Leaving _____ Last Salary _____

D. Title _____ Employed from _____ to _____
Employer _____ Supervisor's Name _____
Address _____ City: _____ State: _____ Zip Code: _____
Duties:

Reason for Leaving _____ Last Salary _____

E. Title _____ Employed from _____ to _____
Employer _____ Supervisor's Name _____
Address _____ City: _____ State: _____ Zip Code: _____
Duties:

Reason for Leaving _____ Last Salary _____

22. May we contact your present employer as to your qualifications, character, etc.? Please Do ❑ Please Don't ❑ Please Wait ❑
(We shall contact him/her only if you permit.)

EQUAL EMPLOYMENT OPPORTUNITY QUESTIONNAIRE

The following information is necessary for the City of Glendora to evaluate its hiring practices and to prepare reports required by law for the State and Federal Government. **This form will be detached from the employment application, and the voluntary information contained will be confidential and only used for statistical purposes and will not be used in making a decision about your employment.**

POSITION APPLIED FOR _____ DATE _____

NAME _____ SEX: ❑ Female ❑ Male AGE ____ Years
(First) (Middle) (Last)

ETHNIC CODE (Please check the one box which best identifies you.)

- ❑ White
- ❑ Black
- ❑ Hispanic - Origin (Mexican-American, South or Central American, Cuban, Puerto Rican)
- ❑ American Indian
- ❑ Asian-American (Chinese, Japanese, Korean, Pacific Islander, Filipino)
- ❑ Other (Explain) _____

PLEASE READ CAREFULLY & COMPLETE

RECORDS OF CONVICTIONS: Full disclosure of convictions by you is to your advantage. Your record does not constitute an automatic bar to employment.

CHANGE OF NAME OR ADDRESS should be reported in writing immediately. Include your former name and address as well as your new name or address.

BEFORE EMPLOYMENT YOU WILL BE REQUIRED TO:

a. Take the oath or affirmation of allegiance (Calif. State Constitution Article XX, Sec. 3).
b. Be fingerprinted and photographed.
c. Verify college graduation for those positions requiring it.
d. Present your driver's license or any other certificates required.
e. Pass an appropriate pre-employment medical examination.

1. How did you **first** learn of this employment opportunity?

   ❑ Friend/City Employee ❑ City Website ❑ Other: _____
   ❑ Internet - Name of Website:_____
   ❑ Newspaper, Magazine - Name of Publication: _____

2. If you speak any language(s) other than English, indicate which language(s) by checking the box(s):
   ❑ Spanish ❑ Other(s) (specify) _____

3. Are you related to anyone employed by the City? Yes ❑ No ❑