

# **CITY OF STATE CENTER EMPLOYMENT APPLICATION**

This City is an equal opportunity employer and does not discriminate against any employee or applicant for employment on the basis of age, race, religion, creed, color, sex, national origin or disability.

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Position Applied For

Date of Application

Note: If you have a physical or mental disability and you believe that an accommodation may be necessary in order for you to complete this application, please state the kind of accommodation which you believe is appropriate: \_\_\_\_\_

\_\_\_\_\_

Please answer **ALL** questions, you may add additional pages if necessary to fully respond to any question. Print or write carefully. **If you provide false, inaccurate, or incomplete information in this application form or in any interview or if you fail to disclose information requested in this application form or in any interview, you will not be eligible for employment, or, if you are hired, you will be subject to termination.**

## PERSONAL INFORMATION (To Be Completed By All Applicants)

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Last Name

First Name

Middle Name

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Street Address

City

State

Zip Code

Telephone

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Are you 18 or older

Social Security Number

Are you legally eligible to work in the U.S.

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e-mail address

Is there any name, other than the name stated above, which you have previously used to identify yourself: \_\_\_\_\_

If you are a military veteran, please provide information regarding your military service and type of discharge: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**FOR MOTOR VEHICLE OPERATOR APPLICANTS  
OR ANYONE WHO MAY DRIVE A CITY VEHICLE**

The following 3 questions must be answered in order to complete a check of your driving record:

Date of Birth: \_\_\_\_\_

Driver's License Information                      State: \_\_\_\_\_                      Number: \_\_\_\_\_

**DRIVING EXPERIENCE/EQUIPMENT EXPERIENCE**

<u>Class of Equipment</u>	<u>Type of Equipment</u>	<u>Approx. Miles</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

State any special course or training that will help you as a driver: \_\_\_\_\_

Have you received any safe driving awards: \_\_\_\_\_ If "yes", from whom: \_\_\_\_\_

Have you ever had an automobile accident: \_\_\_\_\_

Have you ever been denied a license, permit, or privilege to operate a motor vehicle: \_\_\_\_\_

Has your motor vehicle license, permit, or privilege ever been suspended or revoked: \_\_\_\_\_

Have you ever been convicted or forfeited a bond for driving under the influence of drugs or alcohol (DUI) or for driving while intoxicated (DWI): \_\_\_\_\_

**ACCIDENT RECORD**

(List all accidents in the past 5 years whether chargeable or non-chargeable)

	<u>Date</u>	<u>Nature of Accident</u>	<u>Fatality</u>	<u>Injuries</u>	<u>Vehicle</u>
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____

**TRAFFIC CONVICTION RECORD**

(List all traffic convictions and guilty pleas, in the past 5 years, other than parking violations)

	<u>Date</u>	<u>City and State</u>	<u>Charge</u>	<u>Penalty</u>	<u>Vehicle</u>
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____

**EMPLOYMENT HISTORY**

**(To Be Completed By All Applicants – List Most Recent Employer First)**

**\*\*Be sure to include an explanation for all gaps in time of employment\*\***

Employer Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Position held and duties: \_\_\_\_\_

Employer's address: \_\_\_\_\_

Ending Salary: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

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Employer Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Position held and duties: \_\_\_\_\_

Employer's address: \_\_\_\_\_

Ending Salary: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

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Employer Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Position held and duties: \_\_\_\_\_

Employer's address: \_\_\_\_\_

Ending Salary: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

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Employer Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Position held and duties: \_\_\_\_\_

Employer's address: \_\_\_\_\_

Ending Salary: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Position held and duties: \_\_\_\_\_

Employer's address: \_\_\_\_\_

Ending Salary: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

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Employer Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Position held and duties: \_\_\_\_\_

Employer's address: \_\_\_\_\_

Ending Salary: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

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Have you previously applied for employment with the City: \_\_\_\_\_ If "yes", when and under what name: \_\_\_\_\_

Have you previously been employed by the City: \_\_\_\_\_ If "yes", when and under what name: \_\_\_\_\_

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What was your attendance record with your last three employers: \_\_\_\_\_

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Other than vacation and holidays, how many days did you miss work in the last three years: \_\_\_\_\_

How many months have you been unemployed in the last 12 months: \_\_\_\_\_

How many months have you been unemployed in the last 36 months: \_\_\_\_\_

### **EDUCATION**

**(To Be Completed By All Applicants)**

**High School Name** \_\_\_\_\_ **Location (City/State)** \_\_\_\_\_

**Years Completed** \_\_\_\_\_ **Diploma/Degree** \_\_\_\_\_

#### **Colleges and Trade Schools**

<u>Name of School</u>	<u>Location</u>	<u>Years Completed</u>	<u>Total Hours</u>	<u>Degree Earned</u>
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

List professional, trade, business or civic activities and offices held. *You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability, or other protected status:* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe any specialized training, apprenticeship, skills and extra-curricular activities. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other Qualifications. *Summarize special job-related skills and qualifications acquired from employment or other experience.* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Specialized Skills (Check Skills/Equipment Operated)

____ Excel	____ Outlook/Email	Other (list) _____
____ Word	____ Copy/Fax Machine	_____
____ QuickBooks	____ Web Page Software	_____

Indicate any foreign languages you can speak, read and/or write: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

State any additional information you feel may be helpful to us in considering your application.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CRIMINAL RECORD**  
**(To Be Completed By All Applicants)**

The term “convicted” includes a guilty plea, a plea of nolo contendere or no contest, a deferred judgment or adjudication, and an adjudication of guilt or delinquency as a minor.

If you answer “yes” to any of the following questions, you must provide detail on the back:

Have you ever been convicted of a felony: \_\_\_\_\_

Have you ever been convicted of a serious misdemeanor: \_\_\_\_\_

**Note:** Convictions will not necessarily bar you from employment. We will consider the number, nature, seriousness, and recentness of the convictions in making our decision.

**References**

\_\_\_\_\_  
Name Phone

\_\_\_\_\_  
Address

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Name

Phone

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Address

---

Name

Phone

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Address

**FOR ALL APPLICANTS – PLEASE READ CAREFULLY BEFORE SIGNING**

**I hereby certify that the statements made by me in this application and all related information which I have provided are true, accurate and complete to the best of my knowledge. I understand that if I provide any false, inaccurate, or incomplete information, I will not be eligible for employment, or, if I am hired, regardless of the date on which the City discovers the violation of its policy regarding application form dishonesty, I understand I would be subject to immediate termination.**

**In connection with my application for employment with the City, I expressly authorize the release to the City of any records or information which may refer or relate to my application for employment, including, but not limited to, records of schools, law enforcement or criminal justice agencies, and previous employers. I hereby release and discharge the City and any other person, firm, agency or corporation from any and all claims and liability which I may have or ever claim to have relating to information provided to the City as part of my application for employment.**

**If I am offered and accept employment with the City, I understand that my employment is AT WILL and that my employment may be terminated at any time and for any reason either by me or by the City.**

Signature \_\_\_\_\_ Date \_\_\_\_\_