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.

Position Applied For		Date of Application		
necessary in o	order for you to com	or mental disability and you believe that an accommodation may be you to complete this application, please state the kind of accommon propriate:		
question. Print or wr this application form	ite carefully. If you nor in any intervieu in any interview, you termination. PERS	provide fall w or if you ou will not	fail to disclose inform	fully respond to any omplete information in nation requested in this ment, or, if you are hired,
Last Name		First Na	me	Middle Name
Street Address	City	State	Zip Code	Telephone
Are you 18 or older	Social Security N	umber	Are you legally eligi	ble to work in the U.S.
e-mail address				
Is there any name, oth yourself:	ner than the name sta	ated above,	which you have previo	usly used to identify
If you are a military v discharge:	eteran, please provi	de informati	on regarding your mili	tary service and type of

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

Date	following 3 questions of Birth:			complete a cl	neck of your drivi	ng record:
Driv	ver's License Inform	nation Sta	ite:	Number:		
	<u>D</u>	RIVING EXPE	RIENCE/EQUII	PMENT EX	<u>PERIENCE</u>	
	Class of Equipr	nent <u>Ty</u>	pe of Equipment	<u>A</u>	pprox. Miles	
				- <u>-</u>		
	e any special course		will help you as	driver:		
Hav Hav Hav Has	e you received any e you ever had an a e you ever been de your motor vehicle e you ever been co	safe driving awar automobile accidenied a license, per e license, permit, nvicted or forfeite ving while intoxi	rds: ent: rmit, or privilege or privilege ever ed a bond for driv cated (DWI):	to operate a been suspending under the	from whom: motor vehicle: ded or revoked:	ıgs or alcohol
(Lis	t all accidents in th		ACCIDENT RE		argeable)	
	<u>Date</u> <u>1</u>	Nature of Accider	nt Fata	<u>lity</u> <u>In</u>	<u>juries</u>	<u>Vehicle</u>
1. 2. 3. 4.						
		TRAFF	IC CONVICTION	ON RECOR	<u> </u>	
(Lis	t all traffic convicti	ons and guilty plo	eas, in the past	<u>5</u> years, oth	er than parking vi	iolations)
	<u>Date</u>	City and State	<u>Char</u>	<u>rge</u> <u>Pe</u>	<u>enalty</u>	<u>Vehicle</u>
1. 2. 3. 4.			- <u></u>			

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:			
		r Leaving:	
		Phone Number:	
Start Date:	End Date:	Supervisor's Name:	
Position held and duties:			
Employer's address:			
Ending Salary:	Reason fo	r Leaving:	
		Phone Number:	
Start Date:	End Date:	Supervisor's Name:	
Position held and duties:			
Employer's address:			
Ending Salary:	Reason for Leaving:		
		Phone Number:	
Start Date:	End Date:	Supervisor's Name:	
Position held and duties:			
Employer's address:			
		r Leaving:	

Employer Name:		Pho	one Number:	
Start Date:	End Date:	Supe	ervisor's Name:	
Position held and duties	::			
Employer's address:				
Ending Salary:				
Employer Name:				
Start Date:	End Date:	Supe	ervisor's Name:	
Position held and duties	s:			
Employer's address:				
Ending Salary:				
Have you previously a and under what name: _ Have you previously be				
What was your attendar	nce record with yo	our last three employers	:	
Other than vacation and How many months have How many months have	e you been unemp	loyed in the last 12 mor	nths:	
	(To Be C	EDUCATION ompleted By All Appl	icants)	
High School Name		Location	(City/State)	
Years Completed		Diploma/Degree		
Colleges and Trade Sc Name of School	hools <u>Location</u>	Years Completed	Total Hours	Degree Earned
				

which would reveal gen		and offices held. You may exclude membership al origin, age, ancestry, disability, or other protec			
Describe any specialized training, apprenticeship, skills and extra-curricular activities.					
		ed skills and qualifications acquired from			
Specialized Skills (Chec	ck Skills/Equipment Opera	ted)			
		Other (list)			
	Copy/Fax Machine Web Page Software				
		and/or write:			
	CRIMINA	L RECORD d By All Applicants)			
	0 11 1	of nolo contendere or no contest, a deferred uilt or delinquency as a minor.			
If you answer "yes" to a	any of the following question	ons, you must provide detail on the back:			
Have you ever been cor Have you ever been cor	nvicted of a felony:nvicted of a serious misdem	neanor:			
		om employment. We will consider the number, ons in making our decision.			
References					
Name		Phone			
Address					

Name	Phone
Address	
Name	Phone
Address	T HOIC
Address	
FOR ALL APPLICANTS – PL	LEASE READ CAREFULLY BEFORE SIGNING
which I have provided are tunderstand that if I provide eligible for employment, or, if	ments made by me in this application and all related information true, accurate and complete to the best of my knowledge. I any false, inaccurate, or incomplete information, I will not be I am hired, regardless of the date on which the City discovers the g application form dishonesty, I understand I would be subject to
release to the City of any recoremployment, including, but in justice agencies, and previous operson, firm, agency or corporate of the city of any recorement of the city of t	cation for employment with the City, I expressly authorize the eds or information which may refer or relate to my application for not limited to, records of schools, law enforcement or criminal employers. I hereby release and discharge the City and any other ration from any and all claims and liability which I may have or information provided to the City as part of my application for
<u>-</u>	ployment with the City, I understand that my employment is AT nt may be terminated at any time and for any reason either by me
Signature	Date