



Employment Application

WHAT POSITION ARE YOU APPLYING FOR: _____

NAME: _____
LAST FIRST MIDDLE

ADDRESS: _____
STREET CITY STATE ZIP

TELEPHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____

CALIFORNIA DRIVER'S LICENSE (CLASS & NUMBER): _____ EXPIRATION DATE: _____ COMPLETE ONLY IF JOB RELATED

ARE YOU RELATED TO ANY CITY OF Kerman EMPLOYEES? Yes No NAME OF RELATIVE _____

RELATIONSHIP: _____ DEPARTMENT: _____

ARE YOU CURRENTLY EMPLOYED BY THE CITY? Yes No WHAT IS YOUR CURRENT JOB TITLE _____

EDUCATION			
HIGH SCHOOL AND ADDRESS	DID YOU GRADUATE FROM HIGH SCHOOL? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	IF NOT, DO YOU HAVE A G.E.D. OR PROFICIENCY CERTIFICATE <input type="checkbox"/> Yes <input type="checkbox"/> No		
	NUMBER OF CREDITS	MAJOR	DEGREE RECEIVED
COLLEGE AND ADDRESS			
COLLEGE AND ADDRESS			
COLLEGE AND ADDRESS			
PROFESSIONAL LICENSE, CERTIFICATE OR CREDENTIAL <input type="checkbox"/> Yes <input type="checkbox"/> No LIST TYPE/ISSUE DATE/EXPIRATION DATE			

BACKGROUND INFORMATION
PLEASE EXPLAIN ALL "YES" RESPONSES FROM BELOW
HAVE YOU EVER BEEN FIRED OR FORCED TO RESIGN FROM A POSITION? <input type="checkbox"/> Yes <input type="checkbox"/> No
WHILE IN THE MILITARY SERVICE WERE YOU EVER CONVICTED BY A GENERAL COURT MARTIAL? <input type="checkbox"/> Yes <input type="checkbox"/> No

MARK ONLY WHEN REQUIRED BY THE EXAMINATION ANNOUNCEMENT

CAN YOU, AFTER EMPLOYMENT, SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES? Yes No

YOU WILL BE REQUIRED TO SUBMIT VERIFICATION OF THE LEGAL RIGHT TO WORK IN THE UNITED STATES WITHIN THREE (3) BUSINESS DAYS BEGINNING WITH YOUR FIRST DAY OF WORK. IN ACCORDANCE WITH THE IMMIGRATION REFORM AND CONTROL ACT OF 1986, WE ARE LEGALLY PROHIBITED FROM EMPLOYING ANYONE WHO CANNOT PROVIDE SUCH VERIFICATION.

WORK EXPERIENCE

MAY WE CONTACT YOUR PRESENT EMPLOYER? Yes No IF NO EXPLAIN:

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BEGIN WITH YOUR MOST RECENT JOB – LIST EACH JOB SEPARATELY. LIST ALL JOBS REGARDLESS OF DURATION, INCLUDING PART-TIME JOBS, MILITARY SERVICES AND ANY PERIODS OF UNEMPLOYMENT DURING THE LAST TEN YEARS. ALSO, LIST VOLUNTEER EXPERIENCE AND JOBS HELD MORE THAN TEN YEARS AGO, WHICH RELATE TO THE JOB FOR WHICH YOU ARE APPLYING. IF YOU HAVE NO WORK EXPERIENCE, INDICATE NONE. PLEASE NOTE INCOMPLETE INFORMATION WILL DELAY THE PROCESSING OF YOUR APPLICATION.

DATES		EMPLOYERS	DUTIES
MONTH AND YEAR FROM		NAME OF CURRENT OR LAST EMPLOYER	YOUR TITLE
TO		ADDRESS	LIST DUTIES PERFORMED BELOW
TOTAL YEARS/MONTHS WORKED	HRS. PER WEEK	CITY, STATE AND ZIP CODE	
MONTHLY SALARY EARNED BEGINNING \$	ENDING \$	IMMEDIATE SUPERVISORS NAME	
REASON FOR LEAVING			
MONTH AND YEAR FROM		NAME OF CURRENT OR LAST EMPLOYER	YOUR TITLE
TO		ADDRESS	LIST DUTIES PERFORMED BELOW
TOTAL YEARS/MONTHS WORKED	HRS. PER WEEK	CITY, STATE AND ZIP CODE	
MONTHLY SALARY EARNED BEGINNING \$	ENDING \$	IMMEDIATE SUPERVISORS NAME	
REASON FOR LEAVING			
MONTH AND YEAR FROM		NAME OF CURRENT OR LAST EMPLOYER	YOUR TITLE
TO		ADDRESS	LIST DUTIES PERFORMED BELOW
TOTAL YEARS/MONTHS WORKED	HRS. PER WEEK	CITY, STATE AND ZIP CODE	
MONTHLY SALARY EARNED BEGINNING \$	ENDING \$	IMMEDIATE SUPERVISORS NAME	
REASON FOR LEAVING			
MONTH AND YEAR FROM		NAME OF CURRENT OR LAST EMPLOYER	YOUR TITLE
TO		ADDRESS	LIST DUTIES PERFORMED BELOW
TOTAL MONTHS WORKED	HRS. PER WEEK	CITY, STATE AND ZIP CODE	
MONTHLY SALARY EARNED BEGINNING \$	ENDING \$	IMMEDIATE SUPERVISORS NAME	
REASON FOR LEAVING			

REFERENCES PROVIDE THE NAME OF THREE PEOPLE NOT RELATED TO YOU WHOM YOU HAVE KNOWN AT LEAST ONE YEAR		
NAME		
ADDRESS	TELEPHONE NUMBER	
CITY, STATE AND ZIP CODE	YEARS ACQUAINTED	
NAME		
ADDRESS	TELEPHONE NUMBER	
CITY, STATE AND ZIP CODE	YEARS ACQUAINTED	
NAME		
ADDRESS	TELEPHONE NUMBER	
CITY, STATE AND ZIP CODE	YEARS ACQUAINTED	

PLEASE CHECK WHETHER THERE IS ANY ISSUE(S)/INCIDENT(S) WHICH OCCURRED DURING YOUR CURRENT OR FORMER EMPLOYMENT THAT YOU THINK MAY IMPACT THE CITY OF KERMAN'S DECISION TO HIRE YOU.

- YES. THERE IS AN ISSUE(S)/INCIDENT(S) THAT MAY IMPACT THE CITY OF KERMAN'S HIRING DECISION.
- NO. THERE IS NO ISSUE(S)/INCIDENT(S) THAT MAY IMPACT THE CITY OF KERMAN'S HIRING DECISION.

PLEASE TAKE NOTICE THAT IF YOU DO NOT DISCLOSE AN ISSUE/INCIDENT, AND THE CITY OF KERMAN LATER DISCOVERS YOU DID NOT DISCLOSE SUCH ISSUE, THE CITY OF KERMAN MAY REJECT YOUR APPLICATION IF THE CITY BELIEVES THAT THE ISSUE/INCIDENT SHOULD HAVE BEEN DISCLOSED.

PLEASE EXPLAIN ANY ISSUE(S)/INCIDENT(S) BELOW:

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 KERMAN 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 KERMAN.

SIGNATURE: _____ DATE: _____
(ORIGINAL IN INK; PENCIL OR PHOTOCOPY NOT ACCEPTED)

