



850 S. Madera Avenue  
Kerman, CA 93630  
Phone: (559) 550-2900



[www.cityofkerman.net](http://www.cityofkerman.net)

## Employment Application – Police Only

WHAT POSITION ARE YOU APPLYING FOR: \_\_\_\_\_

NAME: \_\_\_\_\_  
LAST FIRST MIDDLE

ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP

TELEPHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

DO YOU POSSESS A CALIFORNIA DRIVER'S LICENSE? ☐ Yes ☐ No

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 P.O.S.T. <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

“COMMUNITY COMES FIRST”

**HAVE YOU EVER BEEN CONVICTED OF A CRIME (INCLUDING A PLEA OF GUILTY OR NO CONTEST) WHICH RESULTED IN A CRIMINAL CONVICTION (THAT HAS NOT BEEN JUDICIALLY ORDERED SEALED OR EXPUNGED)?**

(EXCLUDE MISDEMEANOR CONVICTIONS FOR MARIJUANA-RELATED OFFENSES MORE THAN TWO YEARS OLD; NOTWITHSTANDING ANY OF THE PRECEDING YOU SHOULD NOT DISCLOSE CONVICTIONS THAT ARE OVER TWO YEARS OLD AS OF THE DATE THAT YOU COMPLETED THIS APPLICATION FOR VIOLATION OF HEALTH AND SAFETY CODE SECTIONS 11357, 11360, 11364, 11365 OR 11550, AS THOSE STATUTES RELATED TO MARIJUANA PRIOR TO JANUARY 1, 1976 OR A STATUTORY PREDECESSOR TO THOSE STATUTES.)

☐ Yes ☐ No If YES, BRIEFLY DESCRIBE THE NATURE OF THE CRIME(S), THE DATE AND THE PLACE OF CONVICTION(S). THE CASE NUMBER AND THE LEGAL DISPOSITION OF THE CASE(S):

THE CITY WILL NOT DENY EMPLOYMENT TO ANY APPLICANT SOLELY BECAUSE THE PERSON HAS BEEN CONVICTED OF A CRIME. THE CITY HOWEVER, MAY CONSIDER THE NATURE, DATE AND CIRCUMSTANCES OF THE OFFENSE AS WELL AS WHETHER THE OFFENSE IS RELEVANT TO THE DUTIES OF THE POSITION.

**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:

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 - PLEASE DO NOT STATE "SEE RESUME"
TOTAL YEARS/MONTHS WORKED	HRS. PER WEEK	CITY, STATE AND ZIP CODE	
IMMEDIATE SUPERVISORS NAME			
REASON FOR LEAVING			
MONTH AND YEAR FROM		NAME OF CURRENT OR LAST EMPLOYER	YOUR TITLE
TO		ADDRESS	LIST DUTIES PERFORMED BELOW - PLEASE DO NOT STATE "SEE RESUME"
TOTAL YEARS/MONTHS WORKED	HRS. PER WEEK	CITY, STATE AND ZIP CODE	
IMMEDIATE SUPERVISORS NAME			
REASON FOR LEAVING			
MONTH AND YEAR FROM		NAME OF CURRENT OR LAST EMPLOYER	YOUR TITLE
TO		ADDRESS	LIST DUTIES PERFORMED BELOW - PLEASE DO NOT STATE "SEE RESUME"
TOTAL YEARS/MONTHS WORKED	HRS. PER WEEK	CITY, STATE AND ZIP CODE	
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TOTAL MONTHS WORKED	HRS. PER WEEK	CITY, STATE AND ZIP CODE	
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:

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**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)