

## Application for Employment City of Stanton, California 7800 Katella Avenue, 90680; (714) 379-9222

<u>Please Print Clearly in Ink or Type</u>. No action will be taken on this application until all questions have been answered COMPLETELY and ACCURATELY and the application has been SIGNED and DATED.

Position applying for:		_
NameLast	First	Middle Initia
Have you ever used another name? If yes,	please list	
Address		
AddressStreet	City	State Zip Code
Home Phone ( )	Cell ( )_	
Business Phone ( )	E-Mail address_	
Answer All Questions Completely. Inco	rrect or False Statements are C	Cause for Rejection or Dismissal.
From what source did you learn of this posit	ion? Newspaper 🗌 Personal Inc	quiry 🗌 Job Bulletin 🗌 Web Site 🗌
Will you accept temporary work? YES	NO ☐ Will you accept p	part-time work? YES NO
Minimum Salary Acceptable:		
Do you have a valid California driver's licens	se? YES 🗌 NO 🗌 Number:	
Can you, after employment, submit birth ceralien status? YES ☐ NO ☐	tificate or other proof of U.S. Citiz	zenship or proof of permanent resident
Person to notify in case of emergency:		
Have you ever worked for the City of Stanto	n? YES ☐ NO ☐ If yes, what	department?
Are you related to any current City of Stanto	on employees? YES NO	If yes, please list:
Have you ever been fired or forced to resign	n a position? YES  NO If y	ves, explain:
List any applicable professional vocational of which would increase your effectiveness in received.	certificates you possess or other of this position. Include title of court	courses, seminars or related training se, dates attended and certificates
List any language(s) other than English you	can speak and understand:	
Have you ever worked for another California	a Public Employees Retirement S	system (CalPERS): YES  NO
If was inlease list the agency name:		

## **EDUCATION AND TRAINING**

High School   College   Post Graduate   Business/Trade School   Business/Trade School   College   Post Graduate   Business/Trade School   College   Colleg	Name and Location of		Did you Graduate	Degree or Certificate	Study Emphasis
Business/Trade School  Business/Trade School  List all positions you have held in the past ten (10) years. Account for volunteer, part-time, military, summer positions, periods of unemployer. It is critical that you provide complete information. List each change of title or promotion separately. Resumes may be attached but No MPLETE ANNIES. The provided complete information. List each change of title or promotion separately. Resumes may be attached but No MPLETE ANNIES. The provided p	High School				
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From Name Name Position Total Weekly Hours City/State Phone No.    City/State Phone No.	etc. It is critical that you provide con NOT be accepted in lieu of COMPLE	mplete information. List each change ETE ANSWERS. DO NOT WRITE "SE	of title or promotion sep	parately. Resumes may	be attached but WILL
ToStreetPosition	,	• •		•	
Total Weekly Hours City/State Phone No.  Job Title Duties  Reason for Leaving:  Date (Month/Year) Employer Supervisor Name Name Phone No.  To Street Position Phone No.  Job Title Duties  Reason for Leaving:  Date (Month/Year) Employer Supervisor Name Name Phone No.  Street Position Phone No.  Date (Month/Year) Employer Supervisor Name Name Name Name Name Name Name Name				Name	<del></del>
Job Title  Duties	To	Street		Position	
Reason for Leaving:    Date (Month/Year)   Employer   Supervisor	Total Weekly Hours	City/State		Phone No	
Reason for Leaving:    Date (Month/Year)   Employer   Name   Name	Job Title				
Date (Month/Year) From Name Name To Street Position Total Weekly Hours City/State Phone No.  Duties  Reason for Leaving:  Date (Month/Year) From Name Name  To Street Position  Phone No.  Supervisor Name Name Name Name To Street Position  Total Weekly Hours City/State Phone No.	Duties				
Date (Month/Year) From Name Name To Street Position Total Weekly Hours City/State Phone No.  Duties  Reason for Leaving:  Total Weekly Hours Employer Supervisor Name Name To Street Phone No.  Reason for Leaving:  City/State Phone No.  Reason for Leaving:  Total Weekly Hours City/State Phone No.  Street Position Total Weekly Hours City/State Phone No.  Duties  Reason for Leaving:					· · · · · · · · · · · · · · · · · · ·
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From         Name         Name           To         Street         Position           Total Weekly Hours         City/State         Phone No.           Job Title         Duties    Reason for Leaving:	Reason for Leaving:				<del></del>
To	,			Supervisor	
Total Weekly Hours City/State Phone No	From	Name	· · · · · · · · · · · · · · · · · · ·	Name	· · · · · · · · · · · · · · · · · · ·
Duties  Reason for Leaving:  Date (Month/Year) From Name Name  To_ Street Position  Total Weekly Hours City/State Phone No.  Duties  Reason for Leaving:	To	Street		Position	
Reason for Leaving:  Date (Month/Year) From	Total Weekly Hours	City/State		Phone No	
Reason for Leaving:    Date (Month/Year)   Employer   Supervisor	Job Title				
Date (Month/Year) Employer Supervisor   From Name Name   To Street Position   Total Weekly Hours City/State Phone No.    Duties  Reason for Leaving:	Duties				
Date (Month/Year) Employer Supervisor   From Name Name   To Street Position   Total Weekly Hours City/State Phone No.    Duties  Reason for Leaving:					
Date (Month/Year) Employer Supervisor   From Name Name   To Street Position   Total Weekly Hours City/State Phone No.    Duties  Reason for Leaving:					
From         Name         Name           To         Street         Position           Total Weekly Hours         City/State         Phone No.           Job Title         Duties    Reason for Leaving:	Reason for Leaving:				
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Total Weekly Hours City/State Phone No  Job Title  Duties  Reason for Leaving:					· · · · · · · · · · · · · · · · · · ·
Job Title Duties Reason for Leaving:				<del>, , , , , , , , , , , , , , , , , , , </del>	
Duties	Total Weekly Hours	City/State		Phone No.	
Reason for Leaving:	Job Title				
	Duties				
If amplicated will you take a laught. Oath of Bublic Officers and Franchises O	Reason for Leaving:				
If employed will you take a loyalty Oath of Public Officers and Employees?  I hereby certify that all statements made in this application are true and complete to the best of my knowledge and belief. I understand the complete to the best of my knowledge and belief. I understand the complete to the best of my knowledge and belief.					

I hereby certify that all statements made in this application are true and complete to the best of my knowledge and belief. I understand that any false statements on this application are grounds for disqualification or dismissal. I authorize the City of Stanton to investigate my qualifications, employment record or character through inquiries to any sources mentioned in this application, unless otherwise stated. I understand that all offers of employment are conditioned on satisfactory results from a criminal background check by means of a live scan fingerprint procedure conducted by the Department of Justice, and passing the final step in the City's hiring process, which is a pre-employment medical examination, which may include a drug test. I also understand that I will be required to provide satisfactory proof of my identity and legal authorization to work in the United States on my first day of work.

Signature	Date

## **VOLUNTARY APPLICATION IDENTIFICATION FORM**

The City of Stanton is an Equal Opportunity/Affirmative Action Employer.

The information below is needed to comply with federal government guidelines, which require us to compile statistical information about applicants for employment. You are not required to furnish this information, but are encouraged to do so. The law provides that an employer may neither discriminate on the basis of this information, nor on whether you choose to furnish it. However, if you choose not to furnish it, under federal regulations, this employer is required to note race and sex on basis of visual observation or surname.

This Voluntary Application Identification Form will be kept in a confidential file separate from the Application for Employment and this information will not be relied upon in any way to make a hiring decision; nor will it be placed in any personnel file upon successful appointment to City employment.

Pos	sition for which you are applying:
Prir	nt your name:
Ple	ase check one of the following statements:  I wish to furnish this information.  I do not wish to furnish this information.
Ple □	ase check the space for your appropriate gender:  Male
	Female
Ple	ase check indicating your age: Under 18 18-39 40+
Ple □	ase check the appropriate space for your appropriate Racial/Ethnic Identification:  WHITE (not of Hispanic origin): All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
	BLACK (not of Hispanic origin): All persons having origins in any of the Black racial groups of Africa.
	HISPANIC: All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture of origin, regardless or race.
	ASIAN or PACIFIC ISLANDER: All persons having origins in any of the original peoples of the Far East, Southeast Asia and Indian subcontinent or the Pacific Islands. This are includes, for example, China, Japan, Korea, the Philippine Islands, and Samoa.
	AMERICAN INDIAN or ALASKAN NATIVE: All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliations or community recognition.
Ple	ase check if any of the following categories are applicable:
	DISABLED INDIVIDUAL: Any person who (1) has a physical or mental impairment that limits one or more of her major life activities, (2) has a record of such impairment, or (3) is regarded as having such impairment.
	VETERAN ELIGIBILITY: served in the armed forced during a period of conflict.
	SPECIAL DISABLED VETERAN: a veteran entitled to compensation under laws administered by the Department of Veterans Affairs for a disability under federal guidelines or a veteran discharged or released because of a service-connected disability.
	VIETNAM ERA VETERAN.