



EMPLOYMENT APPLICATION FORM

Mail to: 1100 E. Parlier Avenue
 Parlier, CA 93648
 (559) 646-3545

For Personnel Use Only

Date Received: _____
 By: _____
 Accepted: _____ Denied: _____
 Reason: _____

AN EQUAL OPPORTUNITY EMPLOYER

Applications accepted only for open positions. Complete both sides using ink or typewriter. Answer all questions.

PERSONAL INFORMATION

POSITION APPLIED FOR:		TYPE OF EMPLOYMENT DESIRED <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary	
NAME (Last, First, middle)		SOCIAL SECURITY NO.	
ADDRESS (Number, Street and Apartment No.)		VALID CA DRIVER LICENSE? CDL# _____ Yes <input type="checkbox"/> No <input type="checkbox"/>	
(City, State and Zip Code)		If offered a position, can you provide documentation establishing your right to work in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/>	
HOME PHONE	WORK PHONE	E-MAIL	

CONVICTIONS:
 Conviction of a crime is not necessarily a bar to employment. Each case is considered separately based on job requirements. Do not include: (a) any arrest or detention that did not result in conviction; (b) any conviction for which the record has been judicially ordered sealed, expunged, or statutorily eradicated; (c) any misdemeanor conviction for which probation has been successfully completed or otherwise discharged and the case has been judicially dismissed or (d) any arrest for which a pretrial or post-trial diversion program has been successfully completed.

Have you ever been convicted of a crime other than a minor traffic violation? Yes No
 Have you been arrested for and charged with a crime for which you are currently out on bail or on your own recognizance pending trial? Yes No

If you answered "Yes" to either of the above questions, attach an additional sheet and give (1) date, (2) the charge of offense, (3) the city and state, (4) the court, and (5) the action taken.

If under 18, can you, after a job offer, submit a work permit? Yes No
 Are you fluent in any languages other than English? If so, please specify: _____
 Have you previously been employed by the City of Parlier? Yes No
 Are you related to anyone employed by the City of Parlier? Yes No If yes, give name, relationship/position: _____
 Were you ever terminated or forced to resign a position? Yes No
 If "Yes" please details on a separate sheet of paper. This answer will not necessarily result in disqualification.

EDUCATION AND TRAINING

NAME OF HIGH SCHOOL	LOCATION	DID YOU GRADUATE? Yes <input type="checkbox"/> No <input type="checkbox"/> GED <input type="checkbox"/>			
NAME AND LOCATION OF COLLEGE, BUSINESS OR TRADE SCHOOL	DATES From To	GRADUATE Yes No	DEGREE RECEIVED	UNITS SEM./QTR.	MAJOR SUBJECTS
_____	_____	<input type="checkbox"/> <input type="checkbox"/>	_____	_____	_____
_____	_____	<input type="checkbox"/> <input type="checkbox"/>	_____	_____	_____
_____	_____	<input type="checkbox"/> <input type="checkbox"/>	_____	_____	_____
_____	_____	<input type="checkbox"/> <input type="checkbox"/>	_____	_____	_____

LICENSES/CERTIFICATIONS: List licenses and/or certifications related to or required for this position: _____

Begin with your present or most recent position.
List both paid and volunteer work.

If you are being actively considered for employment, may we contact your former employers regarding your work performance records? Yes No

Do not indicate "See Resume."

EXPERIENCE - ACCOUNT FOR ALL TIMES DURING THE PAST 5 YEARS

IF MORE SPACE IS NEEDED, USE A SEPARATE SHEET AND ATTACHED SECURELY

DATES EMPLOYED from: _____ to: _____		EMPLOYER	ADDRESS
HOURS PER WEEK	SALARY	YOUR TITLE	REASONS FOR LEAVING
SUPERVISOR'S NAME		DUTIES	
NUMBER OF EMPLOYEES SUPERVISED			
EMPLOYER'S TELEPHONE NUMBER			
DATES EMPLOYED from: _____ to: _____		EMPLOYER	ADDRESS
HOURS PER WEEK	SALARY	YOUR TITLE	REASONS FOR LEAVING
SUPERVISOR'S NAME		DUTIES	
NUMBER OF EMPLOYEES SUPERVISED			
EMPLOYER'S TELEPHONE NUMBER			
DATES EMPLOYED from: _____ to: _____		EMPLOYER	ADDRESS
HOURS PER WEEK	SALARY	YOUR TITLE	REASONS FOR LEAVING
SUPERVISOR'S NAME		DUTIES	
NUMBER OF EMPLOYEES SUPERVISED			
EMPLOYER'S TELEPHONE NUMBER			
DATES EMPLOYED from: _____ to: _____		EMPLOYER	ADDRESS
HOURS WEEKLY	SALARY	YOUR TITLE	REASONS FOR LEAVING
SUPERVISOR'S NAME		DUTIES	
NUMBER OF EMPLOYEES SUPERVISED			
EMPLOYERS TELEPHONE NUMBER			
DATES EMPLOYED from: _____ to: _____		EMPLOYER	ADDRESS
HOURS PER WEEK	SALARY	YOUR TITLE	REASONS FOR LEAVING
SUPERVISOR'S NAME		DUTIES	
NUMBER OF EMPLOYEES SUPERVISED			
EMPLOYER'S TELEPHONE NUMBER			

POLICE OFFICER APPLICANTS ONLY:

Will you, by the final filing date, have reached your 18th birthday? Yes No

I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND COMPLETE AND SUBJECT TO VERIFICATION. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION AND HEREBY AUTHORIZE EMPLOYERS, SCHOOLS OR PERSONS NAMED IN THIS APPLICATION TO GIVE ANY INFORMATION REGARDING MY QUALIFICATIONS AND CHARACTER. I HEREBY RELEASE SAID EMPLOYERS, SCHOOLS, PERSONS AND THE CITY FROM ANY LIABILITY FOR DAMAGES FOR RECEIVING OR RELEASING INFORMATION. I AGREE AND UNDERSTAND THAT ANY MISSTATEMENT OR OMISSION OF MATERIAL FACT ON THIS APPLICATION WILL CAUSE FORFEITURE ON MY PART OF ALL RIGHTS TO BE CONSIDERED FOR EMPLOYMENT WITH THE CITY AND MAY BE CAUSE FOR DISMISSAL IF ALREADY EMPLOYED. I FURTHER AGREE TO BE FINGERPRINTED, TO SUBMIT TO A JOB-RELATED MEDICAL EXAMINATION, INCLUDING DRUG SCREENING, AND FURNISH SUCH PROOF OF MEETING THE CONDITIONS OF EMPLOYMENT AS MAY BE REQUIRED. (If application is submitted online or by Fax - we will require an original signature at the time of exam.)

Date: _____ Signature: _____

In order to comply with federal guidelines, we request that you voluntarily provide the following information to be used for research and evaluation purposes. This information will be separated from your application upon receipt by the Personnel Department, and is not considered in the hiring process.

DISABLED APPLICANTS: THE CITY OF PARLIER WILL MAKE REASONABLE ACCOMMODATION IN THE EXAM PROCESS TO ACCOMMODATE DISABLED APPLICANTS. IF YOU HAVE A DISABILITY FOR WHICH YOU REQUIRE ACCOMMODATION, PLEASE CALL (559) 646-3545, NO LATER THAN FIVE (5) DAYS BEFORE THE TEST DATE.

POSITION APPLIED FOR: _____ MALE FEMALE

Please CHECK ONE BOX ONLY for the racial/ethnic category with which you most closely identify according to the ethnic definitions listed below.

- 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.
- HISPANIC All persons of Mexican, Puerto Rican, Central or South American or other Spanish culture or origin, regardless of race.
- ASIAN/PACIFIC ISLANDER All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent or the Pacific islands. This area includes, for example, China, Japan, Korea, and Samoa.
- FILIPINO All persons having origins in any of the original peoples of the Philippine Islands.
- AMERICAN INDIAN/ All persons having origins in any of the original peoples of North America, and who maintain cultural identification through
- ALASKAN NATIVE tribal affiliation or community recognition. Please identify with which tribe you are affiliated.
- OTHER Persons belonging to groups whose origin is NOT listed above. Please specify group: _____

TO ASSIST US IN OUTREACH EFFORTS, PLEASE INDICATE HOW YOU FOUND OUT ABOUT THIS JOB:

- A FRIEND OR RELATIVE
- CITY'S PERSONNEL DEPARTMENT
- JOBS AVAILABLE
- THE FRESNO BEE
- OTHER WEBSITE, NEWSPAPER OR PUBLICATION (PLEASE SPECIFY) _____
- THE PARLIER POST
- REEDLEY EXPONENT
- DIRECT MAILING
- SCHOOL/ PLACEMENT OFFICE
- CITY EMPLOYEE
- JOB FAIR