



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)	VALID CA DRIVER LICENSURE? CDL# _____ YES <input type="checkbox"/> NO <input type="checkbox"/>		
(City, State, 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
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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 ever 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 detail on 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 OF LOCATION OF COLLEGE, BUSINESS OR TRADE SCHOOL	DATES		GRADUATE		DEGREE RECEIVED	UNITS SEM./QTR.	MAJOR SUBJECTS
	From	To	Yes	No			
			<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.

If you are being actively considered for employment, may we contact your former employers regarding performance records? YES NO

EXPERIENCE - ACCOUNT FOR ALL TIMES DURING THE PAST 5 YEARS					
IF MORE SPACE IS NEEDED, USE A SEPEATE SHEET PREPARED IN THE SAME FORMAT AND ATTACHED SECURELY					
DATES EMPLOYED		EMPLOYER		ADDRESS	
from: _____ to: _____					
HOURS WEEKLY	SALARY	YOUR TITLE		REASONS FOR LEAVING	
SUPERVISOR'S NAME		DUTIES			
NUMBER OF EMPLOYEES SUPERVISED					
EMPLOYER'S PHONE NUMBER					
EMPLOYER'S PHONE NUMBER					
DATES EMPLOYED		EMPLOYER		ADDRESS	
from: _____ to: _____					
HOURS WEEKLY	SALARY	YOUR TITLE		REASONS FOR LEAVING	
SUPERVISOR'S NAME		DUTIES			
NUMBER OF EMPLOYEES SUPERVISED					
EMPLOYER'S PHONE NUMBER					
EMPLOYER'S PHONE NUMBER					
DATES EMPLOYED		EMPLOYER		ADDRESS	
from: _____ to: _____					
HOURS WEEKLY	SALARY	YOUR TITLE		REASONS FOR LEAVING	
SUPERVISOR'S NAME		DUTIES			
NUMBER OF EMPLOYEES SUPERVISED					
EMPLOYER'S PHONE NUMBER					
EMPLOYER'S PHONE NUMBER					
DATES EMPLOYED		EMPLOYER		ADDRESS	
from: _____ to: _____					
HOURS WEEKLY	SALARY	YOUR TITLE		REASONS FOR LEAVING	
SUPERVISOR'S NAME		DUTIES			
NUMBER OF EMPLOYEES SUPERVISED					
EMPLOYER'S PHONE NUMBER					
EMPLOYER'S PHONE NUMBER					
POLICE OFFICER APPLICANTS ONLY:					
Will you, by the final filing date, have reached your 18th birthday? YES <input type="checkbox"/> NO <input type="checkbox"/>					
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 OR 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) 646-6600, 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/ ALASKAN NATIVE All persons having origins in any of the original peoples of North America, and who maintain cultural identification through 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 THE PARLIER POST CITY EMPLOYEE
- CITY'S PERSONNEL DEPARTMENT REEDLEY EXPONENT JOB FAIR
- JOBS AVAILABLE DIRECT MAILING
- THE FRESNO BEE SCHOOL/PLACEMENT OFFICE
- OTHER WEBSITE, NEWSPAPER OR PUBLICATION (PLEASE SPECIFY) _____