



220 E. MOUNTAIN VIEW STREET, SUITE A • BARSTOW, CA 92311 • PH. (760) 256-3531 • www.barstowca.org

APPLICATION FOR EMPLOYMENT

POSITION APPLIED FOR: <small>(PLEASE PRINT EXACT TITLE)</small>	<input type="checkbox"/> FULL TIME	<input type="checkbox"/> PART-TIME	<input type="checkbox"/> TEMPORARY
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APPLICATION INSTRUCTIONS: PLEASE READ THE JOB ANNOUNCEMENT TO DETERMINE IF YOU POSSESS THE NECESSARY QUALIFICATIONS FOR THE POSITION. YOU WILL ONLY BE CONSIDERED FOR EMPLOYMENT IF THIS APPLICATION IS COMPLETED IN ITS ENTIRETY. IF YOU CHOOSE NOT TO COMPLETE THIS FORM ELECTRONICALLY, PLEASE PRINT LEGIBLY USING BLUE OR BLACK INK. ANSWER ALL QUESTIONS ACCURATELY AND COMPLETELY. ALL STATEMENTS IN YOUR APPLICATION ARE SUBJECT TO VERIFICATION AND INCORRECT OR INCOMPLETE STATEMENT MAY BAR OR REMOVE YOU FROM ELIGIBILITY FOR EMPLOYMENT WITH THE CITY OF BARSTOW. READ THE *CERTIFICATE OF APPLICANT* CAREFULLY BEFORE SIGNING.

PERSONAL DATA

NAME (LAST, FIRST, MIDDLE)				
HOME ADDRESS (NUMBER AND STREET)		CITY	STATE	ZIP
MAILING ADDRESS <input type="checkbox"/> SAME AS HOME ADDRESS		CITY	STATE	ZIP
HOME TELEPHONE NUMBER ()	CELLULAR TELEPHONE NUMBER ()	WORK TELEPHONE ()		
DO YOU HAVE A VALID DRIVER'S LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO			E-MAIL ADDRESS	
STATE:	NUMBER:	CLASS:	EXP:	

EDUCATION AND TRAINING

NAME OF HIGH SCHOOL	CITY & STATE		DID YOU GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> H.S. DIPLOMA <input type="checkbox"/> G.E.D.	
NAME/LOCATION OF COLLEGE(S), BUSINESS OR TRADE SCHOOL(S) ATTENDED	DATES ATTENDED (Ex: mm/yy to mm/yy)	DEGREE AWARDED?	CREDITS EARNED (SEM/QTR)	TYPE OF DEGREE
	/ to /	<input type="checkbox"/> YES <input type="checkbox"/> NO		
	/ to /	<input type="checkbox"/> YES <input type="checkbox"/> NO		
	/ to /	<input type="checkbox"/> YES <input type="checkbox"/> NO		
PLEASE DESCRIBE ADDITIONAL WORK, TRAINING, CERTIFICATES, LICENSES AND/OR MEMBERSHIP IN PROFESSIONAL ORGANIZATIONS THAT WOULD QUALIFY YOU FOR THIS POSITION.				
PLEASE DESCRIBE OTHER PERTINENT SKILLS YOU HAVE, SUCH AS WORD PROCESSING, COMPUTER, MACHINE/EQUIPMENT OPERATIONS OR FOREIGN LANGUAGE SKILLS.				

HUMAN RESOURCES DEPARTMENT ONLY

Reviewed By:	Application Status: <input type="checkbox"/> Application Accepted <input type="checkbox"/> Application Rejected	Reason(s) for Rejection <input type="checkbox"/> Experience Deficient <input type="checkbox"/> Education Deficient <input type="checkbox"/> Incomplete Application <input type="checkbox"/> Late Application
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PRINT NAME:		
LAST:	FIRST:	MIDDLE:

EMPLOYMENT HISTORY: List your work for the last **10 years**. Begin with your most recent or current position. If jobs held prior to 10 years ago relate to the position applied for, list these also. Include self-employed and U.S. Military service. Describe the work you did as completely as possible. List each promotion separately. Explain any gaps between employment periods. If more space is needed, use a separate sheet **prepared in the same format** and attach securely. Include volunteer work if it applies to position for which you are applying.

From: _____ To: _____	Month/Year	Month/Year	Job Title:
Employer Name & Address:			Duties:
Supervisor Name & Title:			Reason for leaving or wanting to leave:
May we contact them? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Telephone: ()			
From: _____ To: _____	Month/Year	Month/Year	Job Title:
Employer Name & Address:			Duties:
Supervisor Name & Title:			Reason for leaving:
May we contact them? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Telephone: ()			
From: _____ To: _____	Month/Year	Month/Year	Job Title:
Employer Name & Address:			Duties:
Supervisor Name & Title:			Reason for leaving:
May we contact them? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Telephone: ()			
From: _____ To: _____	Month/Year	Month/Year	Job Title:
Employer Name & Address:			Duties:
Supervisor Name & Title:			Reason for leaving:
May we contact them? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Telephone: ()			

PRINT NAME:

LAST:

FIRST:

MIDDLE:

HAVE YOU EVER BEEN DISCHARGED OR FORCED TO RESIGN FROM A POSITION? Yes _____ OR No _____ (IF YES PLEASE EXPLAIN BELOW, ATTACHED ADDITIONAL SHEET IF MORE SPACE IS NEEDED)

ARE YOU CAPABLE OF PERFORMING, WITH OR WITHOUT REASONABLE ACCOMMODATION, THE ESSENTIAL FUNCTIONS AND ACTIVITIES INVOLVED IN THE POSITION FOR WHICH YOU HAVE APPLIED? Yes _____ OR No _____

ARE YOU RELATED TO ANY EMPLOYEE OF THE CITY OF BARSTOW?* Yes _____ OR No _____

*Relative is defined as a spouse, child, step-child, parent, step-parent, parent-in-law, legal guardian, brother, sister, brother-in-law, sister-in-law, step-sister, step-brother, aunt, uncle, niece, nephew, grandchild, grandparent, regardless of their place of residence; or any other individual related by blood or marriage. (If yes, provide the name of that person and your relationship below)

RELATIVE'S NAME: _____ RELATIONSHIP: _____

CERTIFICATE OF APPLICANT: "I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION AND ATTACHMENTS ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

I UNDERSTAND THAT ANY FALSE OR MISLEADING INFORMATION GIVEN IN MY APPLICATION, OR IN ANY STEP OF THE EMPLOYMENT SELECTION PROCESS, WILL SUBJECT ME TO DISQUALIFICATION OR DISMISSAL.

I CERTIFY THAT I HAVE READ AND MEET THE SPECIFIC REQUIREMENTS LISTED ON THE ANNOUNCEMENT FOR THIS POSITION. I UNDERSTAND THAT I MAY BE REQUESTED TO SUBMIT PROOF OF QUALIFICATION AT A LATER DATE. IF UPON CHECKING THESE IT IS DETERMINED THAT I DO NOT MEET SPECIFIC REQUIREMENTS, I UNDERSTAND THAT I WILL BE DISQUALIFIED.

I AUTHORIZE THE CITY OF BARSTOW TO MAKE INVESTIGATIONS AND INQUIRIES THAT ARE RELATED TO THE REQUIREMENTS FOR THE POSITION FOR WHICH I AM APPLYING, INCLUDING THAT OF MY EMPLOYMENT, FINANCIAL, AND MEDICAL HISTORY, AND ANY OTHER RELATED MATTERS WHICH DEPENDENT ON THE POSITION MAY INCLUDE, BUT ARE NOT LIMITED TO, A HIRE RIGHT, LEXUS-NEXUS DATABASE SEARCH, CREDIT CHECK AND PSYCHOLOGICAL EVALUATION. IN ARRIVING AT AN EMPLOYMENT DECISION, I HEREBY RELEASE EMPLOYERS, SCHOOLS, OR PERSONS FOR ANY LIABILITY IN RESPONDING TO INQUIRIES IN CONNECTION WITH MY APPLICATION FOR EMPLOYMENT WITH THE CITY OF BARSTOW.

IF I AM A FINALIST FOR THIS POSITION, I HEREBY AUTHORIZE THE ADMINISTRATIVE SERVICES DEPARTMENT OF THE CITY OF BARSTOW TO OBTAIN INFORMATION REGARDING MY REFERENCES, EDUCATION OR TRAINING, PRIOR EMPLOYMENT, CRIMINAL HISTORY AND DRIVING RECORD PROVIDED BY THE DEPARTMENT OF MOTOR VEHICLES (DMV). I UNDERSTAND THAT THE CITY OF BARSTOW HAS A RIGHT TO OBTAIN ANY CRIMINAL HISTORY INFORMATION. ALL CANDIDATES WILL BE FINGERPRINTED FOR THE PURPOSE OF A CONFIDENTIAL BACKGROUND INVESTIGATION CONDUCTED BY THE DEPARTMENT OF JUSTICE, AND WILL BE REQUIRED TO TAKE AND PASS A DRUG TEST AND PHYSICAL EXAMINATION PRIOR TO AN EMPLOYMENT OFFER AT THE CITY OF BARSTOW'S EXPENSE. I ALSO UNDERSTAND THAT I AM REQUIRED TO ABIDE BY ALL RULES AND REGULATIONS OF THE CITY OF BARSTOW"

I HAVE READ, UNDERSTAND AND AGREE TO THE ABOVE.

SIGNATURE: _____ DATE: _____

"THE CITY OF BARSTOW IS AN EQUAL EMPLOYMENT OPPORTUNITY / AFFIRMATIVE EMPLOYER AND COMPLIES WITH TITLE VII OF THE CIVIL RIGHTS ACT AS AMENDED AND ALL OTHER APPLICABLE STATE AND FEDERAL LAWS PROHIBITING DISCRIMINATION. IT IS THE CITY'S POLICY TO MAKE EMPLOYMENT DECISIONS WITHOUT REGARD TO RACE, GENDER, COLOR, ETHNICITY, RELIGION, NATIONAL ORIGIN / ANCESTRY, AGE, MARITAL STATUS, SEXUAL ORIENTATION, DISABILITY, MEDICAL CONDITION, PREGNANCY, VETERAN'S STATUS, OR ANY OTHER LEGALLY PROTECTED STATUS, OR ASSOCIATION WITH INDIVIDUALS WITH THESE CHARACTERISTICS, EXCEPT WHERE SUCH QUALIFICATIONS ARE BONA-FIDE OCCUPATIONAL QUALIFICATIONS."

DISABILITIES

NOTE: THE CITY OF BARSTOW ENCOURAGES QUALIFIED INDIVIDUALS WITH DISABILITIES TO APPLY FOR EMPLOYMENT. INDIVIDUALS WHO WILL REQUIRE REASONABLE ACCOMMODATION IN ORDER TO PARTICIPATE IN ANY PORTION OF THE APPLICATION, INTERVIEW, AND/OR TESTING PROCESS MAY VOLUNTARILY REQUEST THE ACCOMMODATION FROM THE CITY FIVE (5) WORKING DAYS PRIOR TO THE REQUESTED ACCOMMODATION.



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EQUAL EMPLOYMENT OPPORTUNITY QUESTIONNAIRE

TO COMPLY WITH FEDERAL EQUAL EMPLOYMENT OPPORTUNITY GUIDELINES, THE CITY OF BARSTOW REQUESTS THAT ALL APPLICANTS FOR EMPLOYMENT VOLUNTARILY SUPPLY THE FOLLOWING INFORMATION WHICH WILL BE KEPT CONFIDENTIAL AND WILL HAVE ABSOLUTELY NO BEARING ON THE HIRING PROCESS. THE DATA COLLECTED WILL ONLY BE USED FOR STATISTICAL PURPOSES AND TO MEASURE THE EFFECTIVENESS OF RECRUITMENT EFFORTS.

NAME (OPTIONAL): _____

EXACT TITLE OF THE POSITION YOU ARE APPLYING FOR: _____

DATE: _____

GENDER: FEMALE MALE DECLINE TO ANSWER.

ARE YOU AGE 40 OR OVER: YES NO DECLINE TO ANSWER.

IN THE FOLLOWING SECTION, PLEASE CHECK ONE BOX ONLY FOR THE PREDOMINANT (70% OR MORE) RACIAL / ETHNIC CATEGORY WITH WHICH YOU MOST CLOSELY IDENTIFY.

- WHITE, NOT OF HISPANIC ORIGIN (PERSONS HAVING ORIGINS IN ANY OF THE ORIGINAL PEOPLES OF EUROPE, NORTH AFRICA, OR THE MIDDLE EAST.)
- BLACK, NOT OF HISPANIC ORIGIN (PERSONS HAVING ORIGINS IN ANY OF THE BLACK RACIAL GROUPS OF AFRICA.)
- HISPANIC (PERSONS OF MEXICAN, PUERTO RICAN, CUBAN, CENTRAL OR SOUTH AMERICAN OR OTHER SPANISH CULTURE OR ORIGIN, REGARDLESS OF RACE.)
- ASIAN OR PACIFIC ISLANDER (PERSONS HAVING ORIGINS IN ANY OF THE ORIGINAL PEOPLES OF THE FAR EAST, SOUTHEAST ASIA, THE INDIAN SUBCONTINENT, OR THE PACIFIC ISLANDS, INCLUDING CHINA, JAPAN, KOREA, THE PHILIPPINE ISLANDS AND SAMOA.)
- AMERICAN INDIAN OR ALASKAN NATIVE (PERSONS HAVING ORIGINS IN ANY OF THE ORIGINAL PEOPLES OF NORTH AMERICA, AND WHO MAINTAIN CULTURAL IDENTIFICATION THROUGH TRIBAL AFFILIATION OR COMMUNITY RECOGNITION.)
- OTHER. PLEASE SPECIFY GROUP: _____
- DECLINE TO ANSWER.

TO ASSIST US IN OUR OUTREACH AND RECRUITMENT EFFORTS, PLEASE INDICATE IN THE FOLLOWING SECTION HOW YOU LEARNED ABOUT THIS JOB OPENING. YOUR RESPONSE IS OPTIONAL.

- CITY OF BARSTOW'S WEBSITE FRIEND / RELATIVE / EMPLOYEE WALK-IN
- NEWSPAPER ADVERTISEMENT (PLEASE SPECIFY NEWSPAPER): _____
- PROFESSIONAL JOURNAL (PLEASE SPECIFY JOURNAL): _____
- OTHER GOVERNMENTAL AGENCY (PLEASE SPECIFY WHAT AGENCY): _____
- OTHER WEBSITE (PLEASE SPECIFY WHICH WEBSITE): _____
- OTHER (PLEASE SPECIFY): _____