



CITY OF WASCO

APPLICATION FOR EMPLOYMENT



Human Resources Department, 764 E St * Wasco, Ca 93280
 Fax: 661-758-7239 * Email: deandreotti@ci.wasco.ca.us * Website: www.ci.wasco.ca.us

General Instructions—please type or neatly print the information on this application

Name:	Home Phone:
Address:	Work Phone:
City, State, Zip:	Cell Phone:
Other names you have used while employed:	Email:

Employment Interest

Position:	Position/Exam No:
Employment Status: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary	Date available for work:
Have you ever previously applied for a job at the City of Wasco: <input type="checkbox"/> Yes <input type="checkbox"/> No	Previously employed by the City: <input type="checkbox"/> Yes <input type="checkbox"/> No.
How did you hear about this position:	Shift Desired: <input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Night <input type="checkbox"/> Any

Required Information— please check the appropriate box for each question.

All positions require a criminal background check. A conviction will not necessarily disqualify you from consideration for employment. City of Wasco, 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 for which you have applied. **A conviction is any plea of guilty or nolo contendere (no contest) or a verdict of guilty.**

1. Have you ever been convicted of a felony offense by any State or Federal court? Yes No
 (Criminal convictions from another State may be considered in evaluating your application.)
 You may omit:
 - a. Traffic violations for which the fine imposed was \$300.00 or less;
 - b. Any conviction specified in the Health & Safety code section 11361.5 which pertains to various marijuana offenses;
 - c. Any conviction that has been sealed, expunged or legally eradicated;
 - d. Any offense which was finally settled in juvenile court or referred to the youth authority;
 - e. Any misdemeanor conviction for which probation has been successfully completed or otherwise discharged **AND** the case has been judicially dismissed pursuant to Penal Code section 1203.4. To qualify for omission under Penal Code section 1203.4, an individual must have taken an affirmative action to file a petition with a court to have the conviction set aside and been successful in that action.

2. Are you 18 years or older? If your answer is "yes," go to question 4 Yes No
3. If you are under 18, you must have graduated from high school, received a GED certificate, or have a valid work permit in order to be employed by City of Wasco. Do you meet this requirement? Yes No
4. Upon hire, will you be able to provide proof of eligibility to work in the U.S. as specified in the Immigration Reform and Control Act of 1986? Yes No
5. Do you have a valid California Driver's License? (Answer only if the position will require you to drive.) Yes No
6. Do you have any relatives currently employed at the City of Wasco? Yes No
 Relationship: _____
 Name: _____ Department: _____
7. Have you ever been released or discharged from employment or resigned to avoid such release or discharge? Yes No
 If yes, please provide date(s) and circumstances: _____
8. Are you claiming veteran's preference? Yes No
9. Are you able to perform the essential functions of the job for which you are applying, either with without reasonable accommodations? Yes No
10. Do you need any reasonable accommodation during the interview and selection process Yes No
 If yes, state accommodation needed _____

Employment History—Account for all times during the past ten years. The employment history **MUST** be completed. Resumes will **NOT** be accepted in lieu of a completed application but may be attached to the application as a supplement.

Name, Address of Current or most recent employer:			
From:	To:	Job Title:	Phone:
Job Duties:			
Salary:\$	<input type="checkbox"/> Hourly, <input type="checkbox"/> Biweekly, <input type="checkbox"/> Monthly, <input type="checkbox"/> Yearly	<input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time <input type="checkbox"/> Temporary	
Reason for leaving:			
Supervisor's name and phone number:			
May we contact your current/most recent employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Upon offer of employment			
Name, Address of 2nd Employer:			
From:	To:	Job Title:	Phone:
Job Duties:			
Salary:\$	<input type="checkbox"/> Hourly, <input type="checkbox"/> Biweekly, <input type="checkbox"/> Monthly, <input type="checkbox"/> Yearly	<input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time <input type="checkbox"/> Temporary	
Reason for leaving:			
Supervisor's name and phone number:			
Name , Address of 3rd Employer:			
From:	To:	Job Title:	Phone:
Job Duties:			
Salary:\$	<input type="checkbox"/> Hourly, <input type="checkbox"/> Biweekly, <input type="checkbox"/> Monthly, <input type="checkbox"/> Yearly	<input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time <input type="checkbox"/> Temporary	
Reason for leaving:			
Supervisor's name and phone number:			
Name, Address of 4th Employer:			
From:	To:	Job Title:	Phone:
Job Duties:			
Salary:\$	<input type="checkbox"/> Hourly, <input type="checkbox"/> Biweekly, <input type="checkbox"/> Monthly, <input type="checkbox"/> Yearly	<input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time <input type="checkbox"/> Temporary	
Reason for leaving:			
Supervisor's name and phone number:			

Education—List the schools you have attended. Include high school, business, technical, professional, college, and university.

School Name	Major	Units	GPA	Degree Received

Licenses, Certificates—List only if required for your area of employment interest. Include type of license or certificate and expiration date.

License/Certification Class or Type	License/Certification Number	State Issued	Issue Date	Expiration Date

Administrative equipment or software competencies: i.e. typing speed, software programs, office equipment, etc

Equipment or Software Used	Level of experience	Speed	Issue Date	Expiration Date
Typing				
Ten Key				

Secondary Language Skills

Language	Speak	Read	Write

Use the space below to provide any additional information you feel would be beneficial to the City of Wasco make an informed hiring decision regarding your application

APPLICATION FOR EMPLOYMENT

After you have completed the application, please initial each paragraph, sign your name, and indicate the date it was completed

The City of Wasco is an equal opportunity employer and prohibits discrimination against or harassment of any person employed by or seeking employment on the basis of race, color, national origin, religion, sex, physical or mental disability, ancestry, marital status, age, sexual orientation, citizenship, or status as a covered veteran **Initial** _____

City of Wasco policy is intended to be consistent with the provisions of applicable State and Federal laws. Under Federal law, the City of Wasco may employ only individuals who are legally able to work in the United States as established by providing documents specified in the Immigration Reform and Control Act of 1986 **Initial** _____

Unless specified in writing, I hereby authorize and request my present or former employer, or other persons having knowledge about me, to furnish to the City of Wasco and/or its designee any and all information in their possession regarding me in connection with an application for employment. I hereby release, hold harmless and indemnify, as the custodian of any such records, my present and former employer(s), the City of Wasco and any educational institution which I may have attended, including all officers, agents, employees or other personnel of any of these entities both individually and collectively from any and all liability, damage, suit, actions or claims of whatever kind, which may at any time result from me, my heirs, family or associates because of compliance with this authorization or any attempt to comply with it. I agree that a photocopy of this authorization be accepted with the same authority as the original. I waive written notification from any present or former employer for the purpose of providing information based upon this authorized request **Initial** _____

I understand that all offers of employment are contingent upon successful completion of a pre-placement physical related to the essential responsibilities of the position for which I have applied. I further understand I will be required to successfully pass a drug screening examination **Initial** _____

I understand that nothing contained in the application, or conveyed during any interview that may be granted or during my employment, if hired, is intended to create an employment contract between the City of Wasco and me. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the City of Wasco unless I am subject to the Memorandums of Understandings (MOU's). No promise or representations contrary to the foregoing are binding on City of Wasco unless made in writing and signed by me and the City Manager of the City of Wasco **Initial** _____

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that an omission or misstatement of material fact on this application or on any documents used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery **Initial** _____

I certify that all statements on this form are true and complete to the best of my knowledge and belief. If employed, I understand that any false or incomplete information I have given may be considered cause for termination.

Signature

Date

DO NOT WRITE BELOW THIS LINE. FOR HUMAN RESOURCES USE ONLY

Application received by: _____ Date ____/____/____ Exam # _____

Application status: Accepted Rejected

Reason rejected: Education License/Cert Experience Incomplete Filing deadline Other _____

1st Interview: Selected Rejected. Interviewer: _____ Date ____/____/____

Comments: _____

If conditionally selected for hire: Job Title _____ Hourly Rate of Pay \$ _____

Selected by _____ Date ____/____/____

Misc. Notes:

City of Wasco

Equal Employment Opportunity Data Form

Dear Applicant:

It is the policy of the City of Wasco to provide equal employment opportunity to all qualified applicants for employment without regard to race, ancestry, color, religion, sex, sexual orientation, national origin, age, disability, marital status, political affiliation, veterans' status, disabilities (physical or mental), medical condition or any characteristic protected by law. To help us accurately comply with Federal Equal Employment Opportunity reporting requirements, we request your voluntary assistance and cooperation in supplying the following information. This information will not be used in any way that could adversely affect your employment opportunities.

Name: _____

Sex: Male Female

Race/Ethnicity: American Indian/Alaskan Native
 Asian/Pacific Islander
 Black
 Hispanic
 White

Veteran Status: Vietnam Era Veteran
 Disabled Veteran
 Individual with a Disability

To be completed by employer:

EEO-1 Category: 1. Officials and managers 6. Crafts-skilled
 2. Professionals 7. Operatives-semi-skilled
 3. Technicians 8. Laborers-unskilled
 4. Sales 9. Service workers
 5. Office and clerical

Employer information completed by:

Name

Date

Equal Employment Opportunity Definitions

Hispanic: A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.

Black, Not of Hispanic Origin: A person having origins in any of the black racial groups of Africa who is not of Hispanic origin.

Asian or Pacific Islander: A person having origins in any of the original peoples of the Far East, Indian subcontinent, Southeast Asia or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Island, and Samoa.

American Indian or Alaskan Native: A person having origins in any of the original peoples of North America and who maintains cultural identification through tribal affiliation or community recognition.

White, not Hispanic Origin: A person having origins in any of the original peoples of Europe, North Africa, or the Middle East who is not of Hispanic origin.

Disabled Individual: Any person who:

- has a physical or mental impairment that substantially limits one or more of his/her major life activities;
- has a record of such impairment;
- is regarded as having such an impairment.

Major life activities are defined as caring for oneself, performing manual tasks, walking, speaking, breathing, learning, and working.

Veteran: A person who served in the US armed forces and who was discharged with other than a dishonorable discharge.

Veteran of Vietnam Era: A person who served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964, and May 7, 1975, and who was discharged or released with other than a dishonorable discharge, or who was discharged or released from active duty for a service-connected disability if any part of such active duty was performed between August 5, 1964, and May 7, 1975, and who was discharged or released within 48 months preceding an alleged violation of the Vietnam Era Veterans Readjustment Assistance Act.

Disabled Veteran: A person entitled to disability compensation under laws administered by the Veterans' Administration for disability rated 30 percent or more, or a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty.

CITY OF WASCO

AUTHORIZATION TO RELEASE INFORMATION

To Whom It May Concern:

I hereby authorize and request my present or former employer, or other persons having knowledge about me, to furnish to the City of Wasco and/or its designee any and all information in their possession regarding me in connection with an application for employment. I hereby release, hold harmless and indemnify you, as the custodian of any such records, my present and former employer(s), the City of Wasco and any educational institution which I may have attended, including all officers, agents, employees or other personnel of any of these entities both individually and collectively from any and all liability, damage, suit, actions or claims of whatever kind, which may at any time result from me, my heirs, family or associates because of compliance with this authorization or any attempt to comply with it. I agree that a photocopy of this authorization be accepted with the same authority as the original. I waive written notification from any present or former employer for the purpose of providing information based upon this authorized request.

Signature of Applicant

Print Full Name

BELOW THIS LINE: FOR HR USE ONLY

VERIFICATION OF EMPLOYMENT

Employer: _____ Employed From: ___/___/___ to: ___/___/___

Position Held: _____ Salary: \$_____ hourly Monthly Yearly

Separation: Voluntary Involuntary Still Employed

Eligible for rehire: Yes No Not Sure

How would you describe the applicant's overall performance? _____

Has the applicant received a written reprimand during the previous 12 months: Yes No

If so, please describe _____

Please list any other information you feel may be pertinent in helping the City of Wasco to make an informed hiring decision: _____

Reference provided by (name of individual): _____ Date: ___/___/___

Fax completed form to (661)758-7239 or mail to: City of Wasco. Attn: HR. 764 E St. Wasco, Ca 93280

Thank you in advance for providing this information in a timely manner