



FOR PERSONNEL USE ONLY
Date Received: _____
By: _____
Accepted <input type="checkbox"/> Denied <input type="checkbox"/>
Reason: _____

INSTRUCTIONS:

1. Print with ink or use typewriter
2. Complete this application in full
3. Avoid any reference to race, color, religion, national origin, sex, ancestry, physical handicap, medical conditions or marital status.

1. Position Applying for _____
2. Name: _____
(Last Name) (First Name) (Middle Name)
3. Social Security # _____ - _____ - _____ CA Driver License# _____ Exp. Date: _____
4. Address: _____
(Street) (Apt. No.) (City) (State) (Zip Code)
5. Home Telephone No: (____) _____
6. Message Telephone No: (____) _____
7. Have you previously been employed by the City of Parlier? Yes No
8. Are you related to anyone employed by the City of Parlier? Yes No
(If yes, give name, relationship & position): Name _____ Position _____
Relationship _____
9. Do you have any health, medical or physical limitations which would interfere with your ability to perform the full range of duties of the position for which you are applying? Yes No
(If yes, what can be done to accommodate your limitations? _____
10. Have you ever been convicted of any offense by any civilian or military court? If yes, please note in Section 17, the date and place of each offense, the specific charge, the date and place of conviction and the fine or sentence received. You may omit any offense for which the fine was less than \$50. You may omit any misdemeanor offense that is over 5 years old. *(A criminal record is not necessarily a bar to employment. Each case is given individual consideration, based on job relatedness.)* Yes No
11. Have you ever been discharged, forced to resign, or rejected during a probationary period from any employment within the last ten years? Yes No *(If answer is yes, it is not necessarily a bar to employment. Each case is given individual consideration based on job relatedness).*
12. Are you fluent in any languages other than English? If so, please Specify: _____
13. Education: Check appropriate box if you possess one of the following:
 High School Diploma G.E.D. Certificate High School Proficiency Certificate

College(s) Attended	Study or Major	Type of Degree Earned	# Units Completed	Yr. Degree Earned
Other schools/training				
List highest grade or education level achieved: _____				

14. List Licenses, certificates, and/or registrations required for this position (POST Certificate, etc.): _____

- List your job skills required for this position: Typing, wpm _____ Transcription-wpm _____ Other: _____

15. **THE FOLLOWING SECTION MUST BE FILLED OUT COMPLETELY**, although you may submit a resume or other supporting documentation if so desired. Begin with present or most recent experience and account for ALL times during the past 5 years. Use additional paper if necessary. Voluntary non-paid experience will be accepted if job-related.

<u>Employer's Name & Address</u>	Title/Position: _____
From: _____	Duties Performed: _____
To: _____	_____
Total: ____ / ____	_____
____ Yrs. ____ Mos.	_____
Full-time ____ Salary per month \$ _____	_____
Part-time ____ Hours Per Week ____ \$ _____	_____
Volunteer ____ Hours per week _____	Reason for Leaving: _____

<u>Employer's Name & Address</u>	Title/Position: _____
From: _____	Duties Performed: _____
To: _____	_____
Total: ____ / ____	_____
____ Yrs. ____ Mos.	_____
Full-time ____ Salary per month \$ _____	_____
Part-time ____ Hours Per Week ____ \$ _____	_____
Volunteer ____ Hours per week _____	Reason for Leaving: _____

<u>Employer's Name & Address</u>	Title/Position: _____
From: _____	Duties Performed: _____
To: _____	_____
Total: ____ / ____	_____
____ Yrs. ____ Mos.	_____
Full-time ____ Salary per month \$ _____	_____
Part-time ____ Hours Per Week ____ \$ _____	_____
Volunteer ____ Hours per week _____	Reason for Leaving: _____

<u>Employer's Name & Address</u>	Title/Position: _____
From: _____	Duties Performed: _____
To: _____	_____
Total: ____ / ____	_____
____ Yrs. ____ Mos.	_____
Full-time ____ Salary per month \$ _____	_____
Part-time ____ Hours Per Week ____ \$ _____	Reason for Leaving: _____

16. May we contact your present and past employers as to your qualifications, training experience, etc.?

- Please do
- Please do not
- Do not mind
- Exceptions:

A. State additional experience and/or abilities which may pertain to the position desired, and other comments about your career objectives:

B. Reasons for seeking employment with the City of Parlier:

C. Citizenship: Upon employment, proof of citizenship or permanent resident status will be required.

D. Medical Exam: A pre-employment medical exam will be required of all employees prior to employment.

E. Background Check: A job related background check will be conducted.

17. Remarks:

I certify that all statements on this application, or any supplement, are true and complete to the best of my knowledge and belief. If employed, I understand that any falsification of this record may be considered cause for disqualification/termination from employment.

APPLICANT'S SIGNATURE: _____ DATE _____

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VOLUNTARY STATISTICAL INFORMATION

To further its commitment to ~~Equal Employment Opportunity~~, the City of Parlier requests that applicants voluntarily provide the following information. Your cooperation is essential to the success of this program. All information is confidential, and this section will be detached prior to application review.

Name _____
 Male Female Birth Date _____

FIRST LEARNED OF THIS JOB OPENING THROUGH:

- (Check one only)
- A friend or relative
 - The City's Personnel Department
 - Fresno Bee
 - Parlier Post
 - Contact with a City Department/Employee. If Department, specify which one.

 - An organization or group, specify which one: _____
 - An advertisement/newspaper publication, specify which one.

Citizenship: Naturalized Alien Native
Bilingual Ability: No Yes
Education (Circle Highest Grade Completed)
1 2 3 4 5 6 7 8 9 10 11 12 GED
 Jr. College 4-Year Degree Graduate work beyond 4 years.

DISABLED STATUS - Any person who has, or is regarded as having, or has a record of having a physical or mental impairment which substantially limits one or more major life activities may be eligible for reasonable accommodations as defined by the American's with Disabilities Act.

ETHNIC AFFILIATION: (Check Only One).

- White:** (not of Hispanic origin) persons having origins in any of the original peoples of Europe, North Africa or the Middle East.
- African Descent:** (not of Hispanic origin) persons having origins in any of the racial groups of Africa.
- Asian/Pacific Islander:** persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent or the Pacific Islands (includes Chinese, Japanese, Korean and Samoan).
- Filipino** - persons having origins in any of the Philippine Islands.
- Hispanic:** persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin.
- American Indian or Alaskan Native:** persons having origins in any of the original peoples of North America who maintain cultural identification through tribal affiliation or community recognition.

PLEASE CHECK ONE BOX BELOW:

- | YES | NO | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive all the information you needed regarding City employment? |
| <input type="checkbox"/> | <input type="checkbox"/> | Was the application procedure and written instructions clear and easily understood? |

If you answered no to any of the above, please do us the courtesy of specifying below in order that we may further improve our service. Thank you.
