

APPLICATION IDENTIFICATION RECORD

Qualified applicants are considered for all positions, and employees, and employees are treated during employment without regard to race, religious creed, color, national origin, ancestry, physical handicap, medical condition, marital or veteran status, age, sex, pregnancy, childbirth or related medical condition.

As government employers, we comply with government regulations and affirmative action responsibilities.

The information requested on this form is required by the regulations of the Department of Fair Employment and Housing. The employers in California are required to keep these records on file for a period of two years. This data is for periodic government reporting and will be kept in a Confidential File separate from Application for Employment.

(PLEASE PRINT OR TYPE)

Date _____ Name _____ Sex _____

Position(s) Applied For _____

Referral Source: _____ Walk-In _____ Advertisement _____ Friend _____ Relative
 _____ Employment Agency _____ Other

PLEASE CHECK ONE

RACE/COLOR

_____ Native American
_____ Black
_____ Asian
_____ Caucasian
_____ Other

NATIONAL ORIGIN/ ANCESTRY

_____ Hispanic*
_____ Filipino
_____ Polynesian
_____ Mexican American
_____ Other Nat. Origin

*HISPANIC: Those individuals who originate from Mexico, Central and South American Countries, Cuba and Puerto Rico.

AFFIRMATIVE ACTION SURVEY

Government agencies require periodic reports on the sex, handicapped and veteran status of applicants. This data is for analysis and affirmative action only. Submission of information about a handicap is voluntary.

_____ Male _____ Female _____ Vietnam Era Veteran _____ Physically Handicapped
_____ Disabled Veteran

CITY OF LINDSAY

EMPLOYMENT APPLICATION

It is the employment policy of this city to hire regardless of race, religious creed, color, national origin, ancestry, physical handicap, medical condition, marital or veteran status, age, sex, pregnancy, childbirth or related medical condition.

While we welcome resumes as attachments to applications, they are not necessary and will not be accepted as substitutes for a complete application. You must complete your entire application to be considered for employment with the City of Lindsay. Thank you for your cooperation.

(PLEASE TYPE OR PRINT)

Date of Application _____

Position(s) Applied For: _____

Referral Source: _____ Advertisement _____ Friend _____ Relative _____ Walk-In
_____ Employment Agency _____ Other

AN EQUAL OPPORTUNITY EMPLOYER

PERSONAL DATA

Name _____
Last First Middle

Present Address _____
Number & Street City State Zip Code

How Long? _____

Home Phone (____) _____ Business / Cell # (____) _____

Social Security Number _____

Previous Address _____

How Long? _____

In Case of Emergency Notify _____

Address _____
Number & Street

Home Phone (____) _____ Business/ Cell # (____) _____

CITY OF LINDSAY

EMPLOYMENT APPLICATION (CONTINUED)

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Have you ever worked or attended school under any other name? _____
(For the purpose of checking employment, education records and references)
Please list prior name(s) _____

Have you the legal right to remain permanently and work in the U. S. _____

If employed and you are under 18, can you furnish a work permit? _____

Have you filed an application here before? _____ If yes, give date _____

Have you ever been employed here before? _____ If yes, give date _____

Are you employed now? _____ May we contact your present employer? _____

On what date would you be available for work? _____

Are you available to work _____ Full Time _____ Part-Time _____ Shift Work
_____ Temporary

Specify date and hours if other than full time _____

Rate of pay expected _____

List other positions for which you feel you are qualified:

List any employees whom you know _____

Do you have any family, business health or social obligations that would prevent you
from working consistently? _____ yes _____ no Working overtime? _____ yes _____ no
Traveling? _____ yes _____ no If yes to any of the above, please explain

Do you have a valid driver's license? _____ Drivers license # _____

Do you have adequate vehicle insurance coverage as is required by law? _____

Have you ever been convicted of a felony? _____ (The existence of a criminal record does not constitute an
automatic bar to employment.) If yes, please give the details (when, where and disposition of case)

CITY OF LINDSAY

EMPLOYMENT APPLICATION CONTINUED

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PHYSICAL DATA

Do you have any physical, mental or medical impairment or disability that would limit your job performance for the position for which you are applying? _____
If yes, please explain _____

Are there workplace accommodations, which would assure better job placement and or enable you to perform your job to your maximum capability? _____
If yes, please explain _____

NOTE: All new employees must undergo a pre-employment physical examination.

EDUCATION AND SKILLS

	High School	College / University	Graduate / Professional
School Name Address			
Years Completed (Circle) (Click)	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/ Degree			
Describe Course Study:			
Describe Specialized Training, Apprenticeship, Skills, and Activities:			

Honors Received: _____

Licensure (Professional or Technical) _____

Are you presently attending or attending or do you plan on attending school? _____

Indicate what foreign languages you speak, read, and / or write:

	Fluently	Good	Fair
Speak			
Read			
Write			

List professional, trade, business or civic activities and offices held: _____

Machines Operated: _____
Type: _____ WPM _____ Shorthand: _____ WPM _____ Dictaphone _____

CITY OF LINDSAY

EMPLOYMENT APPLICATION CONTINUED

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Military Service in Armed Forces of the United States, in a State Militia (U.S.A.) or in a particular branch of the U.S. Armed Forces:

What is your current Selective Service Classification? _____
 Were you in the Armed Forces? _____ What Branch? _____
 Rank at discharge _____ Type of duty _____
 Dates of duty _____

EMPLOYMENT HISTORY

Start with your present or last job. Include military service assignments and volunteer activities.

Employer	DATES EMPLOYED		Work Performance
	From	To	
Address & Phone			
Job Title	Hourly Rate / Salary		
	Starting	Final	
Supervisor			
Reason for Leaving			
Employer	DATES EMPLOYED		Work Performance
	From	To	
Address & Phone			
Job Title	Hourly Rate / Salary		
	Starting	Final	
Supervisor			
Reason for Leaving			
Employer	DATES EMPLOYED		Work Performance
	From	To	
Address & Phone			
Job Title	Hourly Rate / Salary		
	Starting	Final	
Supervisor			
Reason for Leaving			
Employer	DATES EMPLOYED		Work Performance
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Address & Phone			
Job Title	Hourly Rate / Salary		
	Starting	Final	
Supervisor			
Reason for Leaving			

CITY OF LINDSAY

EMPLOYMENT APPLICATION CONTINUED

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SPECIAL SKILLS AND QUALIFICATIONS

Summarize special skills and qualifications acquired from employment or other experience _____

State any additional information you feel may be helpful to us in considering your application _____

I agree, if employed, to serve to the best of my ability and to abide by the policies established by the City of Lindsay. I have answered all of the forgoing questions to the best of my knowledge and belief. I am aware that any falsification of the above can be grounds for immediate dismissal.

I authorize the companies, schools, or persons named in this application to give any information regarding my employment. I hereby release said companies, schools, or persons from all liability for any damage for issuing this information.

Signature Date

Thank you for completing this application for employment with the City of Lindsay.

DO NOT WRITE IN THIS SPACE: (FOR OFFICIAL USE ONLY)

Position(s) Applied for is open: _____ Yes _____ No

Position(s) Considered for: _____

Date: _____

Notes: _____

Arrange Interview: _____ Yes _____ No

Remarks _____

Employed: _____ Yes _____ No Interviewer Date

Date of Employment: _____

Hourly Rate ? _____

Job Title _____ Salary _____ Department _____

By _____ Date _____