

## 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 )

- 2 -

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

- 3 -

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: \_\_\_\_\_

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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: \_\_\_\_\_

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Machines Operated: \_\_\_\_\_  
Type: \_\_\_\_\_ WPM \_\_\_\_\_ Shorthand: \_\_\_\_\_ WPM \_\_\_\_\_ Dictaphone \_\_\_\_\_

CITY OF LINDSAY

EMPLOYMENT APPLICATION CONTINUED

- 4 -

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

CITY OF LINDSAY

EMPLOYMENT APPLICATION CONTINUED

- 5 -

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 \_\_\_\_\_