

# EMPLOYMENT APPLICATION

## CITY OF GUSTINE

PO BOX 16 - 352 5<sup>TH</sup> STREET

GUSTINE CA 95322

OFFICE (209) 854-6471 – Fax (209) 854-2127

[www.cityofgustine.com](http://www.cityofgustine.com)



### APPLICATION INSTRUCTIONS

1. All applications must be completed legibly. Please type or print your application using blue or black ink. **Failure to provide any of the required information will result in the rejection of your application.** Applications that are illegible, incomplete, or unsigned will be rejected without review.
2. Print or type the **exact** title of the position in the space provided. Applications are accepted only for those positions for which the City is currently recruiting.
3. If you are applying for more than one advertised position, a separate original application is required for each job announcement.
4. Submission of the properly completed application is the first step in the examination process. Failure to meet all the requirements listed in the job announcement and the established class specification by the final filing date is cause for rejection. The information that you furnish will be used to determine your qualifications. List all relevant experience regardless of duration, including part-time, volunteer and military service. Be specific as to dates worked, hours per week, job title, key functions and task. Inconsistencies will not be investigated further and will not be considered.
5. Complete BOTH SIDES of the application form. Resumes and other relevant supportive documentation may be attached, but they will **not** be accepted in place of a properly completed City of Gustine application. Additional sheets using the same format as the application may be submitted as necessary to give a complete employment history, provided **all** fields are accounted for and complete.
6. It is the applicant's responsibility to insure that the application and any required certificates are on file at the personnel office no later than 5:00 p.m. on the filing date. Failure to provide the required documentation will disqualify you from consideration for this recruitment.
7. No materials submitted during the application process can returned. Please make copies of any information you submit and wish to keep.
8. Applications may be delivered to the Personnel office up to the filing deadline. Mailed applications must be received by the final filing deadline; **postmarks will not be accepted. LATE APPLICATIONS MUST BE REJECTED.** It is the applicant's responsibility to insure that the original application and signature are received within the appropriate time frame.
9. Answer all questions completely and accurately. All information is subject to verification. False statements may be cause for rejection of the application, removal of name from eligibility list or dismissal from position.

# Employment Questionnaire

APPLICANT: The following information is requested by the Federal Government in order to monitor compliance with Federal laws prohibiting discrimination against applicants seeking to participate in the program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race/national origin of individual applicants on the basis of visual observation or surname

Please indicate gender:       Male     Female

I consider myself to be a member of the following ethnic/racial category (check only one category):

- White, Non-Hispanic – All persons having origins in any of the peoples of Europe, North Africa or the Middle East.
- Hispanic or Latino – All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- Black or African American – All persons having origins in any of the black racial groups of Africa.
- Asian – All persons having origins in the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including for example, Cambodia, China, India, Japan, Korea, Malaysia, Perkiest, the Philippine Islands, Thailand, and Vietnam.
- American Indian or Alaskan Native – All persons having origins in any of the original peoples of North and South America (including Central America) who maintain cultural identification through tribal affiliation or community recognition.
- Native Hawaiian or Pacific Islander – All persons having origins in the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Two or more races – All persons who identify with more than one of the above five races
- Other, specify: \_\_\_\_\_

Title of position applying for: \_\_\_\_\_

I first learned of this job opening through (check only one):

- Contact with City Department/Employee: \_\_\_\_\_
- Newspaper/Journal (please specify): \_\_\_\_\_
- City Website
- Other website (please specify): \_\_\_\_\_
- Friend/Relative
- Other (please specify): \_\_\_\_\_

# CITY OF GUSTINE

PO BOX 16 - 352 5TH STREET  
GUSTINE CA 95322  
OFFICE (209) 854-6471 – Fax (209) 854-2127  
www.cityofgustine.com



**PERSONNEL USE ONLY**

## PERSONAL DATA

POSITION APPLYING FOR: \_\_\_\_\_ DATE: \_\_\_\_\_

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MI: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME/PRIMARY PHONE: \_\_\_\_\_ OTHER PHONE: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

DRIVER'S LICENSE NUMBER: #: \_\_\_\_\_ CLASS: \_\_\_\_\_ STATE: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

WHEN WILL YOU BE ABLE TO BEGIN WORK? \_\_\_\_\_ I AM AVAILABLE FOR EMPLOYMENT ON A:  TEMPORARY BASIS  
 PART-TIME BASIS  
 FULL-TIME BASIS

AVAILABLE FOR ON CALL:  YES  NO

APPLICANT, CHECK ONLY IF APPLYING FOR A PUBLIC SAFETY POSITION. ARE YOU OVER 60 YEARS OF AGE?  YES  NO

WILL YOU WORK OVERTIME IF ASKED?  YES  NO CAN YOU TRAVEL IF A JOB REQUIRES IT?  YES  NO

ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE UNITED STATES?  YES  NO

ARE YOU A VETERAN OF THE U.S. MILITARY SERVICE?  YES  NO IF EMPLOYED & UNDER 18, CAN YOU FURNISH A WORK PERMIT?  YES  NO

INDICATE LANGUAGES YOU SPEAK, READ AND/OR WRITE: \_\_\_\_\_

HAVE YOU EVER APPLIED FOR EMPLOYMENT OR WORKED FOR THE CITY OF GUSTINE?  YES IF YES, MONTH & YEAR: \_\_\_\_\_  
 NO POSITION: \_\_\_\_\_

DO YOU HAVE ANY RELATIVES CURRENTLY EMPLOYED BY THE CITY OF GUSTINE?  YES IF YES, NAME & RELATIONSHIP: \_\_\_\_\_  
 NO

## EDUCATION & TRAINING

CHECK HIGHEST GRADE COMPLETED NAME OF HIGH SCHOOL & LOCATION: \_\_\_\_\_

HIGH SCHOOL:  9  10  11  12 GRADUATE?  YES  NO  GED

COLLEGE:  1  2  3  4

NAME OF COLLEGE, BUSINESS, OR TRADE SCHOOL ATTENDED	CITY/STATE	MAJOR/SUBJECT	UNITS COMPLETED	DEGREE/CERTIFICATES EARNED

## REFERENCES

GIVE THREE REFERENCES THAT ARE NOT RELATED TO YOU

NAME	ADDRESS	RELATIONSHIP	YEARS KNOWN	TELEPHONE NUMBER

## EMPLOYMENT HISTORY

Show your present job first, then list all other jobs in order, working down from most recent. Use a separate block for each job title held even if held within the same organization. Show experience for the past 10 years and also earlier experience which may pertain to the position for which you are applying. Use additional sheets if necessary. List any job related volunteer experience you may have had. If hours per week varied, give average. **Resumes will not be accepted in lieu of the requirements of this section.** However, a resume may be added.

EMPLOYERS NAME: \_\_\_\_\_ START DATE: \_\_\_\_\_ FINAL DATE: \_\_\_\_\_  
TITLE OF YOUR POSITION: \_\_\_\_\_ TELEPHONE NUMBER: \_\_\_\_\_  
SUPERVISOR: \_\_\_\_\_ ADDRESS OF EMPLOYER: \_\_\_\_\_  
REASON FOR LEAVING: \_\_\_\_\_ HOURS PER WEEK: \_\_\_\_\_ FINAL SALARY: \_\_\_\_\_  
AMOUNT OF EMPLOYEES SUPERVISED, IF ANY: \_\_\_\_\_ MAY WE CONTACT?  YES  NO  
DESCRIBE YOUR DUTIES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

EMPLOYERS NAME: \_\_\_\_\_ START DATE: \_\_\_\_\_ FINAL DATE: \_\_\_\_\_  
TITLE OF YOUR POSITION: \_\_\_\_\_ TELEPHONE NUMBER: \_\_\_\_\_  
SUPERVISOR: \_\_\_\_\_ ADDRESS OF EMPLOYER: \_\_\_\_\_  
REASON FOR LEAVING: \_\_\_\_\_ HOURS PER WEEK: \_\_\_\_\_ FINAL SALARY: \_\_\_\_\_  
AMOUNT OF EMPLOYEES SUPERVISED, IF ANY: \_\_\_\_\_ MAY WE CONTACT?  YES  NO  
DESCRIBE YOUR DUTIES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

EMPLOYERS NAME: \_\_\_\_\_ START DATE: \_\_\_\_\_ FINAL DATE: \_\_\_\_\_  
TITLE OF YOUR POSITION: \_\_\_\_\_ TELEPHONE NUMBER: \_\_\_\_\_  
SUPERVISOR: \_\_\_\_\_ ADDRESS OF EMPLOYER: \_\_\_\_\_  
REASON FOR LEAVING: \_\_\_\_\_ HOURS PER WEEK: \_\_\_\_\_ FINAL SALARY: \_\_\_\_\_  
AMOUNT OF EMPLOYEES SUPERVISED, IF ANY: \_\_\_\_\_ MAY WE CONTACT?  YES  NO  
DESCRIBE YOUR DUTIES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## READ CAREFULLY BEFORE SIGNING

Certificate of Applicant: I hereby certify that all statements made on or in connection with this application are true. I understand and agree that any misstatements or omission of material facts may cause forfeiture of my eligibility by the City of Gustine. By signing this application I authorize the City to complete any background check necessary for employment. I understand that this application is not intended to be contract of employment.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_