



City of Delano

Personnel Department
1005 11th Ave, P.O. Box 3010
Delano CA, 93216
661.721.3305
661.721.3317 TDD
661.721.3305 Option 2 Job Line

Office Use Only

Date Rec'd _____

Initials _____

Employment Application

INSTRUCTIONS FOR COMPLETION:

A separate application is required for each position applied for. Application must be completed thoroughly. Please type or print clearly in blue or black ink, answer all questions, sign and date the last page. Applications that are incomplete, unsigned or illegible may be rejected. Contact the Personnel Department to update the application for name and address changes, otherwise you may lose your opportunity for employment. You may attach a resume if you wish, but referring to a resume and not completing information requested may disqualify you for further consideration.

POSITION

Position applying for: _____

Date available: _____ Will you accept temporary work? _____

PERSONAL

Full Name: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Person to be notified in case of emergency: _____
(Name)

(Address) (Phone)

Are you over age 18? (If under 18, hire is subject to verification that you are of minimum legal age.) Yes No

Driver's License? Yes No

License # _____ State _____ Expiration _____

1. Can you submit verification of your legal right to work in the United States? Yes No

2. Do you currently have a relative employed by the City? Yes No

Name: _____ Department: _____ Relation: _____

3. How did you hear about this position? _____

EDUCATION

High School: _____ Did you graduate? Yes No GED

Colleges, or Universities Attended	Name and Location	Major	Degree Received	Quarter Units Completed	Semester Units Completed
Business or Trade School					

Professional Licenses; Certificates or Registrations:

License/Certificate #

Licensing Board

Other skills that would qualify you for this position:

Languages: Do you speak, read and write a language other than English? If YES, indicate below:

EMPLOYMENT HISTORY

List previous employment in chronological order beginning with your present or most recent employer. **Please account for your work experience during the last ten (10) years.** Include any time you were in school, unemployed, volunteer worker, or employed in military service. Please be as complete as possible. If you need more space, attach an additional page.

Resumes will not be accepted as a substitute for completing this section.

Name of Current Employer _____		From _____	To _____
Street _____		City _____	State _____ Zip _____
Telephone _____		May we contact? _____	
Your Job Title _____		Hours per week? _____	
Your Job Duties _____			
Number Supervised _____			
Reason For Leaving Current Employment _____			

Name of Current Employer _____				From _____	To _____
Street _____				City _____	State _____ Zip _____
Telephone _____				May we contact? _____	
Name and Title of your Supervisor _____				Your Job Title _____ Hours per week? _____	
Your Job Duties _____					
Number Supervised _____					
Reason For Leaving Current Employment _____					

Name of Current Employer _____				From _____	To _____
Street _____				City _____	State _____ Zip _____
Telephone _____				May we contact? _____	
Name and Title of your Supervisor _____				Your Job Title _____ Hours per week? _____	
Your Job Duties _____					
Number Supervised _____					
Reason For Leaving Current Employment _____					

Name of Current Employer _____				From _____	To _____
Street _____				City _____	State _____ Zip _____
Telephone _____				May we contact? _____	
Name and Title of your Supervisor _____				Your Job Title _____ Hours per week? _____	
Your Job Duties _____					
Number Supervised _____					
Reason For Leaving Current Employment _____					

Name of Current Employer _____				From _____	To _____
Street _____	City _____	State _____	Zip _____	Telephone _____	
Name and Title of your Supervisor _____				May we contact? _____	
Your Job Title _____			Hours per week? _____		
Your Job Duties _____					
Number Supervised _____					
Reason For Leaving Current Employment _____					

REFERENCES

Name, address and phone number of persons willing to provide professional and/or character references for you.

1. _____
2. _____
3. _____

ADDITIONAL REMARKS:

CERTIFICATE OF APPLICATION

I authorize investigation of all statements contained in this application. My signature certifies that all information in this application is true and correct. I understand and agree that any misstatements or omissions of material facts herein may cause forfeiture of all rights to employment with the City of Delano, or termination of any subsequent employment with City.

I understand that prior to being offered employment with the City, I may be requested to take an employment examination. In the event I have a disability which will affect my ability to take the test, I will so inform the City prior to the administration of the test so that a reasonable accommodation can be made. Requested accommodation may include accessible testing sites, modified testing conditions, and accessible testing formats. The City reserves the right to require medical documentation concerning the need for the accommodation.

I understand that if employed, polices and rules which are issued are not conditions of employment and that the employer may revise policies or procedures, in whole or in part, at any time.

I understand that this application will be kept active for six months from the date completed, after which time I would have to reapply in accordance with established procedures.

Signature of Applicant

Date

The City of Delano is an Affirmative Action/ADA/Equal Opportunity Employer

We consider applicants for all positions without regard to race, age, color, religion, gender, national origin, disability or any other legally protected status.