



Received # _____

EMPLOYMENT APPLICATION

Return completed application to:
City of Highland Human Resources
27215 Base Line
Highland, CA 92346
erodrigues@cityofhighland.org
(909) 864-6861 ~ Extension 227

Please Note: Failure to provide ALL applicable information, submit a typed or clearly printed form, and/or a late application, may result in rejection.

APPLYING FOR : _____

First Name - Middle Initial - Last Name _____

Home Address _____

Mailing Address _____

Home Phone (_____) _____ Mobile Phone (_____) _____ Email _____

EMPLOYMENT/EXPERIENCE *List current and past employers, in reverse chronological order (most recent first), using a separate block for each job held, even with same organization. Also list any job related volunteer experience. Attach additional sheets if necessary. Resumes are acceptable, but cannot substitute employment section.*

May we contact your present employer? Yes No

Name of Employer _____

Mailing Address _____

Supervisor's Name & Title _____ Phone (_____) _____

Exact Title/Position _____ Start/End Date(s) ____/____/____ to ____/____/____

Describe Your Duties for Above Position (Include # of Employees Supervised) _____

Average Total Hours (Per Week): _____ Full-Time Hours _____ Part-Time Hours _____ Temporary Hours

Reason for Leaving: Resigned _____ Discharged _____ Layoff _____

Name of Employer _____

Mailing Address _____

Supervisor's Name & Title _____ Phone (_____) _____

Exact Title/Position _____ Start/End Date(s) ____/____/____ to ____/____/____

Describe Your Duties for Above Position (Include # of Employees Supervised) _____

Average Total Hours (Per Week): _____ Full-Time Hours _____ Part-Time Hours _____ Temporary Hours

Reason for Leaving: Resigned _____ Discharged _____ Layoff _____

Name of Employer _____

Mailing Address _____

Supervisor's Name & Title _____ Phone (____) _____

Exact Title/Position _____ Start/End Date(s) ____/____/____ to ____/____/____

Describe Your Duties for Above Position (Include # of Employees Supervised) _____

Average Total Hours (Per Week): _____ Full-Time Hours _____ Part-Time Hours _____ Temporary Hours

Reason for Leaving: Resigned _____ Discharged _____ Layoff _____

Name of Employer _____

Mailing Address _____

Supervisor's Name & Title _____ Phone (____) _____

Exact Title/Position _____ Start/End Date(s) ____/____/____ to ____/____/____

Describe Your Duties for Above Position (Include # of Employees Supervised) _____

Average Total Hours (Per Week): _____ Full-Time Hours _____ Part-Time Hours _____ Temporary Hours

Reason for Leaving: Resigned _____ Discharged _____ Layoff _____

EDUCATION/TRAINING

Name & Location of High School _____

Study Emphasis _____ Start/End Date(s) ____/____/____ to ____/____/____

Did you graduate? Yes No

Name & Location of College/University _____

Study Emphasis _____ Start/End Date(s) ____/____/____ to ____/____/____

Did you graduate, receive a degree or certificate? Yes No What type? _____

Name & Location of Other School _____

Study Emphasis _____ Start/End Date(s) ____/____/____ to ____/____/____

Did you graduate, receive a degree or certificate? Yes No What type? _____

List any courses, seminars, or related training (including title & length of course) and/or professional or vocational certificates received which would increase your effectiveness in this position.

List any additional information you wish to include regarding your qualifications or interest pertinent to this position. *(Exclude legally protected information of which its character will indicate the race, religious creed, national origin, ancestry, sex, physical condition, or status of the applicant.)*

Clerical Applicants Only: Typing _____ W.P.M.

REFERENCES: Give name, home or business address, and telephone number of three persons (NOT related to you) who have knowledge of your character, work experience and ability.

Reference's Name & Title _____ Phone (____) _____

Mailing Address _____

Reference's Name & Title _____ Phone (____) _____

Mailing Address _____

Reference's Name & Title _____ Phone (____) _____

Mailing Address _____

ADDITIONAL QUESTIONS: Please answer the following questions, and attach additional sheets as necessary

Have you previously worked for the City of Highland? Yes No

If yes, reason for leaving? _____

Are you related to any City employee? Yes No

If yes, give name and relationship _____

Are you retired from Cal Pers? Yes No

Have you ever been discharged or forced to resign due to misconduct or unsatisfactory service? Yes No

If required of the position, are you available to work nights, holidays, and/or weekends? Yes No

Would you consider a Part-time or Temporary work schedule? Yes No

If selected and you are under 18 years of age, can you provide the required proof of your eligibility to work? Yes No

If selected, on what date would you be available to work? ____/____/____

I hereby certify that all statements on this application are true and complete and that any misstatement or omission of material facts will subject me to disqualification or dismissal. I hereby authorize any former employers and references to furnish the City of Highland their records of my services, reasons for leaving their employ and all other job related information that may concern me, whether or not a record. I hereby release any of my former employers, their agents or any other references from all liability for any damages whatsoever in furnishing said information. I understand that the use of this form does not indicate there are any positions open and does not, in any way obligate the City of Highland. Further, I understand that if selected as the final candidate, I will be required to successfully complete a pre-employment physical which includes drug and alcohol testing by a City designated physician; provide proof of identity such as social security number and driver's license number; and documentation verifying authorization to work in the United States.

Signature _____ Date _____



APPLICANT BACKGROUND INFORMATION

Please Note: Inclusion or exclusion of any data on this form will NOT affect any employment decision. Your cooperation is voluntary.

APPLYING FOR : _____

In order to comply with Equal Opportunity and Affirmative Action responsibilities where they apply, you are requested to complete and return this form with your employment application. This form will be detached from your application and will be kept separate and confidential. Employees are treated without regard to race, religion, sex, nation origin, age, martial or veteran status, medical condition or disability, or any other legally protected status during employment.

Name: _____

SEX: Male Female

AGE GROUP: Under 21 21-29 30-39 40-49 50-59 60 or Over

ETHNIC ORIGIN:

- White All persons having origins in any of the original peoples of Europe, North Africa, Middle East, or the Indian Subcontinent. (Not of Hispanic Origin)
- Black All persons having origins in any of the black racial groups. (Not of Hispanic Origin)
- Hispanic All persons of Mexican, Puerto Rico, Cuban Central or South American or other Spanish culture or origin, regardless of race.
- Asian or Pacific Islander All persons having origins in any of the original peoples of the Far East, Southeast Asia or Pacific Islands.
- American Indian or Alaskan Native All persons having origins in any of the original peoples of North America.

ADVERTISING SOURCE:

- Newspaper _____
- Radio _____
- Internet _____
- Other _____

Thank you for your participation