City of Hesperia

APPLICATION FOR EMPLOYMENT

9700 Seventh Avenue, Hesperia, CA 92345
(760) 947-1100

Blue, Black Ink or Typewritten Only

POSITION APPLIED FOR:
(Exact Title)

NAME:_____
(Last Name) (First Name) (MI)

OTHER NAMES USED:_____

MAILING ADDRESS:_____

CITY:_____STATE:_____ZIP:_____

HOME TELEPHONE:_____MESSAGE TELEPHONE:_____

EMAIL:_____

Have you ever been discharged or forced to resign from a position? (If yes, please explain below) ☐ Yes ☐ No

_____

Are you related to any employee of the City of Hesperia? * ☐ Yes ☐ No

**Relative is defined as a spouse, child, step-child, parent, step-parent, parent-in-law, legal guardian, brother, sister, brother-in-law, sister-in-law, step-sister, step-brother, aunt, uncle, niece, nephew, grandchild, grandparent, regardless of their place of residence; or any other individual related by blood or marriage.*

(If yes, provide the name of that person and your relationship below)

After employment, can you submit verification of your legal right to work in the United States? ☐ Yes ☐ No

EDUCATION

COLLEGE, BUSINESS OR TRADE SCHOOL ATTENDED	MAJOR	DEGREE	NUMBER OF UNITS COMPLETED	
			SEMESTER	QUARTER

List Certificates/Licenses and Issue Date:

Membership in Professional or Technical Associations:

(Please exclude any organization that discriminates on the basis of race, color, religion, sex, marital status, national origin, veteran status, medical condition, or physical or mental disability.)

HUMAN RESOURCES DEPARTMENT ONLY

Reviewed by _____

_____

_____

_____

☐ Application Accepted

☐ Application Rejected

Reason(s) for Rejection

☐ Experience deficient and/or not competitive

☐ Education deficient and/or not competitive

☐ Incomplete Application

☐ Late Application

Employment History: List your work for the last **10 years**. Begin with your most recent or current position. If jobs held prior to 10 years ago relate to the position applied for, list these also. Include self-employed and U.S. Military service. Describe the work you did as completely as possible. List each promotion separately. Explain any gaps between employment periods. If more space is needed, use a separate sheet **prepared in the same format** and attach securely. Include volunteer work if it applied to position for which you are applying.

From:_____ To:_____ Month/Year Month/Year Employer Name & Address: _____ _____ Supervisor Name & Title: _____ _____ Telephone:	Job Title:_____ Duties:_____ _____ _____ _____ Reason for leaving or wanting to leave: _____ Hours per Week:
From:_____ To:_____ Month/Year Month/Year Employer Name & Address: _____ _____ Supervisor Name & Title: _____ _____ Telephone:	Job Title:_____ Duties:_____ _____ _____ _____ Reason for leaving: _____ Hours per Week:
From:_____ To:_____ Month/Year Month/Year Employer Name & Address: _____ _____ Supervisor Name & Title: _____ _____ Telephone:	Job Title:_____ Duties:_____ _____ _____ _____ Reason for leaving: _____ Hours per Week:
From:_____ To:_____ Month/Year Month/Year Employer Name & Address: _____ _____ Supervisor Name & Title: _____ _____ Telephone:	Job Title:_____ Duties:_____ _____ _____ _____ Reason for leaving: _____ Hours per Week:

READ VERY CAREFULLY

I DECLARE UNDER PENALTY OF PERJURY THAT ALL ANSWERS AND STATEMENTS IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT UNTRUTHFULLNESS OR MISLEADING ANSWERS ARE CAUSE FOR REJECTION OF THIS APPLICATION, REMOVAL FROM AN ELIGIBLE LIST OR DISMISSAL FROM CITY EMPLOYMENT.

I CERTIFY THAT I HAVE READ AND MEET THE SPECIFIC REQUIREMENTS LISTED ON THE ANNOUNCEMENT FOR THIS POSITION. I UNDERSTAND THAT I MAY BE REQUESTED TO SUBMIT PROOF OF QUALIFICATION AT A LATER DATE. IF UPON CHECKING THESE, YOU DETERMINE THAT I DO NOT MEET SPECIFIC REQUIREMENTS, I UNDERSTAND THAT I WILL BE DISQUALIFIED.

I UNDERSTAND THAT THE CITY OF HESPERIA MAY WISH TO VERIFY THE ACCURACY OF THE INFORMATION CONTAINED IN MY APPLICATION. IF I AM A FINALIST FOR THIS POSITION, I HEREBY AUTHORIZE THE HUMAN RESOURCES/RISK MANAGEMENT DEPARTMENT OF THE CITY OF HESPERIA TO OBTAIN INFORMATION REGARDING MY REFERENCES, EDUCATION OR TRAINING, PRIOR EMPLOYMENT, AND CRIMINAL HISTORY INCLUDING DRIVING RECORD. I UNDERSTAND THAT THE CITY OF HESPERIA HAS A RIGHT TO OBTAIN ANY CRIMINAL HISTORY INFORMATION. ALL CANDIDATES WILL BE FINGERPRINTED FOR THE PURPOSE OF A CONFIDENTIAL BACKGROUND INVESTIGATION, AND WILL BE REQUIRED TO TAKE AND PASS A DRUG TEST AND PHYSICAL EXAMINATION PRIOR TO AN EMPLOYMENT OFFER.

APPLICANT SIGNATURE _____ DATE _____

APPLICANT DATA COLLECTION FORM

As an Equal Opportunity Employer, the City of Hesperia is required to file periodic reports to the State of California regarding applicants and current employees. To aid the City of Hesperia in its commitment of Equal Opportunity Employment, and our efforts to collect accurate information, we ask your cooperation in completing this form. You are, however, under no obligation to do so, and your responses will not affect your employment application in any way. Prior to review of the employment application, the Applicant Data Collection Form is removed and retained separately. Any information you provide is kept confidential and utilized for statistical purposes only.

1. Please check one: ☐ Female ☐ Male
2. Please check one: ☐ Under 40 ☐ 40 or Over
3. Did you graduate High School? ☐ Yes ☐ No If, "No", received GED? ☐ Yes ☐ No
4. Education: Circle highest year completed:
   8 9 10 11 12 13 14 15 16 17 18 19 20
5. I consider myself to be (please check only one in this section):
   - A. ☐ WHITE, NOT OF HISPANIC ORIGIN (Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.)
   - B. ☐ BLACK, NOT OF HISPANIC ORIGIN (Persons having origins in any of the Black racial groups of Africa.)
   - C. ☐ HISPANIC (Persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.)
   - D. ☐ ASIAN OR PACIFIC ISLANDER (Persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands, including China, Japan, Korea, the Philippine Islands and Samoa.)
   - E. ☐ AMERICAN INDIAN OR ALASKAN NATIVE (Persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.)

I FIRST LEARNED OF THIS JOB OPENING THROUGH (Check one only):

☐ A friend or relative	Print Advertisement: ☐ Daily Bulletin ☐ Daily Press ☐ Press Enterprise Riverside ☐ San Bernardino Sun
Visit to City of Hesperia's: ☐ City Hall or Human Resources Division ☐ Job Line ☐ Website	
☐ Job Board at outside agency (please list): _____	Website Advertisement: ☐ CalJOBS ☐ Government Jobs ☐ Indeed ☐ Monster ☐ Trade Specific (please list): _____ ☐ Other (please list): _____
☐ Other (please list): _____ _____ _____	

DISABLED STATUS - Any person who has, is regarded as having, or has a record of having a physical or mental impairment, which substantially limits one, or more major life activities, may be eligible for reasonable accommodation as defined by the American with Disabilities Act.

Do you have a physical disability or impairment? ☐ Yes ☐ No

If yes, please describe_____

THE AMERICANS WITH DISABILITIES ACT

In accordance with the requirements of Title II of the Americans with Disabilities Act of 1990 ("ADA") and the Americans with Disabilities Act Amendments Act of 2008, the City of Hesperia will not discriminate against qualified individuals with disabilities on the basis of disability in its services, programs, or activities.

Anyone who requires an auxiliary aid or service for effective communication, or a modification of policies or procedures to participate in a program, service, or activity of the City of Hesperia**,** should contact the City of Hesperia Human Resources/Risk Management office at 760-947-1100 or by email at hr@cityofhesperia.us as soon as possible, but no later than 48 hours before the scheduled event.
The ADAAA does not require the City of Hesperia to take any action that would fundamentally alter the nature of its programs or services, or impose an undue financial or administrative burden.

Any complaints that a program, service, or activity of the City of Hesperia is not accessible to persons with disabilities should be directed to **Human Resources/Risk Management at 760-947-1100.** The City of Hesperia will not place a surcharge on a particular individual with a disability or any group of individuals with disabilities to cover the cost of providing auxiliary aids/services or reasonable modifications of policy. This may include retrieval/accessibility to/from locations that are open to the public, but are not accessible to persons who use wheelchairs.

For a complete version of the City of Hesperia's ADAAA Title II policy, please visit our website at http://www.cityofhesperia.us/index.aspx?NID=263