



CITY OF ARVIN

APPLICATION FOR EMPLOYMENT (City Hall, Transportation, Building, and Public Works)

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition or handicap.

Completed applications may be hand-delivered or submitted via mail to Attn: City Clerk, City of Arvin, 200 Campus Drive, P.O. Box 548, Arvin, CA 93203 or via fax at (661) 854-0817.

(PLEASE PRINT)

Date of Application _____

Position(s) Applied For _____

Referral Source: Advertisement Friend Relative Walk-in
 Employment Agency Other _____

Name _____
Last First Middle

Address _____
Number Street City State Zip Code

Telephone: () _____ Social Security Number: - -

Driver License: No. _____ State _____ Class _____ Exp. Date _____

If Employed and you are under 18, can you furnish a work permit? Yes No

Have you filed an application with the City of Arvin? Yes No If Yes give date: _____

Have you ever been employed by the City of Arvin before? Yes No If Yes give date: _____

Are you employed now? Yes No May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No
(Proof of citizenship or immigration status may be required upon employment)

On what date would you be available for work? _____

Are you available to work Full Time Part Time Shift Work Temporary

Are you on lay-off and subject to recall? Yes No

Have you ever been discharged or forced to resign from any position? Yes No
If Yes, explain: _____

Can you travel if a job requires it? Yes No

Have you been convicted of a felony in the last 7 years? Yes No

If Yes, explain: _____

Do you have any physical conditions which may limit your ability to perform the job applied for? Yes No
 (A physical examination will be required before a final consideration for employment.)

Education and Training

| Circle Highest Grade Completed | Name of School | Location | Graduated |
|--------------------------------|----------------|----------|--|
| 8 9 10 11 12 | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| College or Vocational School Attended | Location | Attendance From- To | Degree-Year | Major | Units Completed |
|---------------------------------------|----------|---------------------|-------------|-------|-----------------|
| | | | | | |
| | | | | | |
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Describe Specialized Training, Apprenticeship, Skills, and Extra- Curricular Activities

List Professional, trade, business or civic activities and offices held.
 (You may exclude those which indicate race, color, religion, sex, or national origin)

State any additional information you feel may be helpful to us in considering your application.

Indicate languages you speak, read, and/or write.

| | Fluent | Good | Fair |
|-------|--------|------|------|
| Speak | | | |
| Read | | | |
| Write | | | |

Employment Experience

List all positions you have held in the last ten years. Positions held prior to the last ten years should be listed if directly related to the position for which you are applying. Account for volunteer, part-time and military positions. Put your present or most recent job first. Attach a resume or additional sheets if necessary.

| | | | | | |
|---------------------|----------------|---------|--------------------------|--|----------------------|
| Employer: | | | Address: | | Your Title: |
| From: | Mo: | Year: | Supervisor's Name/ Title | | Telephone No. () |
| To: | Mo: | Year: | Describe Job Duties | | |
| Salary | Start | Highest | | | |
| Hours/ Week | No. Supervised | | | | |
| Reason for leaving: | | | | | |

| | | | | | |
|---------------------|----------------|---------|--------------------------|--|----------------------|
| Employer: | | | Address: | | Your Title: |
| From: | Mo: | Year: | Supervisor's Name/ Title | | Telephone No. () |
| To: | Mo: | Year: | Describe Job Duties | | |
| Salary | Start | Highest | | | |
| Hours/ Week | No. Supervised | | | | |
| Reason for leaving: | | | | | |

| | | | | | |
|---------------------|----------------|---------|--------------------------|--|----------------------|
| Employer: | | | Address: | | Your Title: |
| From: | Mo: | Year: | Supervisor's Name/ Title | | Telephone No. () |
| To: | Mo: | Year: | Describe Job Duties | | |
| Salary | Start | Highest | | | |
| Hours/ Week | No. Supervised | | | | |
| Reason for leaving: | | | | | |

References: Give name and home or business address of three persons not related to you who have knowledge of your character, work experience and ability.

| Name: | Address: | Telephone No. | Business No. |
|-------|----------|---------------|--------------|
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