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Do you speak a language other than English?\_\_\_\_\_. If so, please specify below.

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**ACADEMIC TRAINING:**

1. HIGH SCHOOL: \_\_\_\_\_  
Name City State Highest Grade Completed

2. COLLEGE OR UNIVERSITY MAJOR SUBJECT YEARS COMPLETED DEGREE  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If no degree, total units earned:\_\_\_\_\_ Title of thesis or dissertation:\_\_\_\_\_

3. OTHER EDUCATION (TRADE, TECHNICAL, CORRESPONDENCE, & MILITARY)  
NAME & ADDRESS OR SCHOOL MAJOR SUBJECT LENGTH OF TIME CERTIFICATE  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you are a registered engineer, give Certificate No.\_\_\_\_\_ State\_\_\_\_\_

**CONVICTIONS**

Have you ever been convicted of a felony or misdemeanor?:\_\_\_\_\_ (Yes/No)

If yes, list below all incidents except minor traffic violation (drunk driving, hit and run, reckless driving, and failure to appear convictions are **NOT** minor traffic violations.)

Unless stated on the examination announcement, conviction is not an automatic bar to employment, each case is considered on its merits. All applicants are subject to fingerprint – investigation before employment.

LIST ALL CONVICTIONS	APPROXIMATE DATE	CITY & STATE	SENTENCE OR PENALTY

(Explanation if applicable):

**EMPLOYMENT HISTORY**

List all jobs and activities including military service, school, part-time employment while in school, self-employment, and unpaid or volunteer work experience for the past ten years. Please also list significant experience more than ten years ago.

BEGIN WITH THE MOST RECENT ACTIVITY:

**Your Position Title:** \_\_\_\_\_

**EMPLOYER:** \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Brief Description of Your Duties: \_\_\_\_\_

\_\_\_\_\_

Starting Date (Mo & Yr) \_\_\_\_\_ Ending Date (Mo & Yr) \_\_\_\_\_

Base Pay Starting: \_\_\_\_\_ Base Pay Ending: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

\_\_\_\_\_

**Your Position Title:** \_\_\_\_\_

**EMPLOYER:** \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Brief Description of Your Duties: \_\_\_\_\_

\_\_\_\_\_

Starting Date (Mo & Yr) \_\_\_\_\_ Ending Date (Mo & Yr) \_\_\_\_\_

Base Pay Starting: \_\_\_\_\_ Base Pay Ending: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

\_\_\_\_\_

**Your Position Title:** \_\_\_\_\_

**EMPLOYER:** \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Brief Description of Your Duties: \_\_\_\_\_

\_\_\_\_\_

Starting Date (Mo & Yr) \_\_\_\_\_ Ending Date (Mo & Yr) \_\_\_\_\_

Base Pay Starting: \_\_\_\_\_ Base Pay Ending: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

\_\_\_\_\_

**REFERENCES**

Give name of persons not related to you, whom you have known at least one year.

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY/STATE/ZIP \_\_\_\_\_  
TELEPHONE NUMBER ( ) \_\_\_\_\_ YEARS ACQUAINTED \_\_\_\_\_

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY/STATE/ZIP \_\_\_\_\_  
TELEPHONE NUMBER ( ) \_\_\_\_\_ YEARS ACQUAINTED \_\_\_\_\_

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY/STATE/ZIP \_\_\_\_\_  
TELEPHONE NUMBER ( ) \_\_\_\_\_ YEARS ACQUAINTED \_\_\_\_\_

In case of emergency, notify \_\_\_\_\_ ( ) \_\_\_\_\_  
Name Address Telephone Number

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand that my employment would be subject to the rules, regulations, policies, and procedures of the City of Kerman.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Applicant Name

**NOTE:**  
**Only City of Kerman completed applications will be considered active for a period of six months.**  
**Resumes may be attached.**

EQUAL EMPLOYMENT OPPORTUNITY

The following information is requested to aid the City in its commitment to equal employment opportunity. This information is voluntary. *It will not be retained with your application; but will be handled separately for statistical purposes.*

1. Please circle the letter that stands for your ethnic origin:

B – Black

I - American Indian (including Alaskan Native)

A - Asian (including Pacific Islander)

H - Hispanic (including persons of Mexican, Puerto Rican, Cuban, Central or South America, or other Spanish origin or culture, regardless of race)

Also circle the appropriate gender origin:

F - Female \_\_\_\_\_

M – Male \_\_\_\_\_

2. Do you have a major disability, which has impeded your obtaining employment?

A \_\_\_\_\_ HEARING

D \_\_\_\_\_ PHYSICAL

B \_\_\_\_\_ SIGHT

E \_\_\_\_\_ OTHER

C \_\_\_\_\_ SPEECH

\_\_\_\_\_

3. Please indicate if you have a physical handicap which you believe requires special testing arrangements.

YES \_\_\_\_\_

NO \_\_\_\_\_

(If yes, please attach verification)

4. Position applied for:

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Date