



City of Kerman

COMMUNITY COMES FIRST

850 S. MADERA AVE.
KERMAN, CA 93630-1799
Telephone: (559) 846-9384

OFFICE USE ONLY

Date Received: _____	Application Number: _____	By: _____
Action: _____	Reason: _____	Notified: _____

APPLICANT PLEASE COMPLETE THE FOLLOWING

WHAT POSITION TITLE ARE YOU APPLYING FOR:

NAME: _____
Last First Middle

ADDRESS: _____
Street City State Zip

TELEPHONE: _____ CELL PHONE: _____

California Driver's License (Class & Number): _____ Expiration Date: _____

IMPORTANT:

PLEASE FOLLOW THESE INSTRUCTIONS EXACTLY:

- A. NOTE: A RESUME CANNOT BE SUBSTITUTED FOR THE CITY APPLICATION.
- B. Answer all questions in black ink or type.
- C. False statements are cause for rejection, removal from eligibility list, or dismissal from employment with the City.
- D. Avoid any reference to religion, politics, race or membership in fraternal order.
- E. Education and experience must reflect qualifications for position.
- F. Notify the City promptly in case of change of address.
- G. If more space is needed, please attach additional sheets and/or include resume.
- H. Your application may be considered as part of the employment screening and/or testing process. **Therefore, please complete entire application.**

PRE-EMPLOYMENT INQUIRES: (Please answer all questions Yes or No)

Are you between 18 and 70 years of age? _____. If a police officer applicant, are you the legally required age (21 years)? _____.
Can you, after employment, submit a birth certificate or other proof of age? _____

Can you, after employment, submit proof of U.S. citizenship? _____. If you are not a U.S. Citizen, have you the legal right to remain permanently in the U.S.? _____. Unless stated on job announcement, citizenship is not requirement of the position.

Were you ever discharged or forced to resign from any position? _____. Would you object to having your present or past employers contacted in regards to your work record, qualifications, character, etc.? _____. (If yes, please explain below)

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

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.

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)

O - Other

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:

Date