



Your application must be received by the closing date shown on the announcement. You are responsible for ensuring that education, experience, licenses and/or certificates required for the position are clearly shown on the application form.

ALL SECTIONS MUST BE COMPLETED AND THE APPLICATION MUST BE SIGNED IN ORDER FOR THE APPLICANT TO BE CONSIDERED FOR EMPLOYMENT.

****Resumes are strongly suggested but will not be accepted in lieu of a City of Calimesa Employment Application.**

*We thank you for seeking employment with the City of Calimesa,
and wish you good luck on your job search.*



Application for Employment

City of Calimesa

An Equal Opportunity Employer

Qualified applicants will receive consideration for employment without regard to race, creed, color, sex, age or national origin.

PERSONAL INFORMATION

Date: _____

Name: _____

Present Address: _____

Permanent Address: _____

Primary Phone No.: (_____) _____ Alternate No.: (_____) _____

Do you have a CALIFORNIA Driver License?: Yes No CADL# _____ Class: _____ Exp. Date: _____

Are you prevented from lawfully becoming employed in this Country because of Visa or Immigration Status? Yes No

**Proof of citizenship or immigration status will be required upon employment.*

EMPLOYMENT DESIRED

Position: _____ Desired Salary: _____ Desired Start Date: _____

Are you employed now? Yes No If Yes, may we contact employer? Yes No

Have you ever applied with Calimesa City before? Yes No When? _____

EDUCATION

	Name and Location of School	Highest Level Completed	Did you Graduate?	Subjects Studied/ Degree(s) Received
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade, Business, or Correspondence School (Include Credit Hrs Earned)			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Are you a student now? Yes No School & Location _____

Course(s) taking: _____

SKILLS

<input type="checkbox"/> PC <input type="checkbox"/> Calculator <input type="checkbox"/> Fax <input type="checkbox"/> Typewriter <input type="checkbox"/> Machines Opr. _____	<input type="checkbox"/> Multi-Line phone system <input type="checkbox"/> MS WORD <input type="checkbox"/> Excel <input type="checkbox"/> Other _____	Typing _____ w.p.m. Shorthand/Speedwriting _____ w.p.m. Languages: write _____ speak _____ read _____ Read Blueprints? <input type="checkbox"/> Yes <input type="checkbox"/> No Schematics? <input type="checkbox"/> Yes <input type="checkbox"/> No Other: _____
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FORMER EMPLOYERS (List below your past employers starting with the most recent.)

Date (month/year)	Name, Address, and Telephone No. of Employer	Salary (upon leaving)	Title and Duties Performed	Reason for Leaving
From: _____ To: _____				
From: _____ To: _____				
From: _____ To: _____				

****To include additional information, please submit resume for other past employment along with this application.**

DATE OF U.S. MILITARY ACTIVE SERVICE: _____ **Branch of Service:** _____

Service No.: _____ **Rank/ Rate/ Grade:** _____

Primary Duties: _____ **Awards and Decorations:** _____

Type of Discharge: _____ **Selective Service Classification:** _____

ADDITIONAL INFORMATION

List professional, trade, business or civic activities and offices held. (You may exclude membership, which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.): _____

List hobbies and other special skills or interests: _____

REFERENCES (DO NOT LIST RELATIVES OR FORMER EMPLOYERS)

Name	Relationship	Telephone	Type of Business and/or Title	Years Known

I HEREBY CERTIFY that the answers given by me to the foregoing questions and the statements made by me are full and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentation of facts called for in this application or any supplements thereto, is cause for rejection of my application or discharge at any time during my employment. I voluntarily authorize my former employer, schools, and persons named herein to give information regarding me, whether or not such information is a part of their records. I hereby release said organization or persons from any liability or claim whatsoever for issuing this information. **I UNDERSTAND** that as a condition of employment, I may be required to pass an employment physical and any future physical examinations required.

Applicant's Signature

Date