



City of San Jacinto

595 S. San Jacinto Avenue
San Jacinto, CA 92583
951 / 654-7337

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

Print with ink or type. Answer all questions completely.

Position Desired:

Today's Date:

Name:

Last

First

Middle Initial

Address:

Number

Street

Apt.

City:

State:

Zip

Home Phone: ()

Work: ()

Cell: ()

Are you at least 18 years of age? Yes No

Are you legally eligible to work in the United States, and can you provide proof of eligibility? Yes No

Have you ever worked for the City of San Jacinto? Yes No If yes, give dates: _____

Are you related to an employee of the City of San Jacinto? Yes No If yes, name: _____

EMPLOYMENT HISTORY

Beginning with your most recent position, list all positions you have held during the last ten years, including military and volunteer service. Please explain any gaps in employment. **You must fill out this application in its entirety, even if attaching a resume.**

Employer:	Address:	City/State/Zip:	May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Job Title:	Phone:	If no, why not?		
Name of Supervisor:	Dates of Employment Salary:	From: From:	To: To:	# of employees you supervised?
Primary Responsibilities:				
Reason for Leaving:				

Employer:	Address:	City/State/Zip:	May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Job Title:	Phone:	If no, why not?		
Name of Supervisor:	Dates of Employment Salary:	From: From:	To: To:	# of employees you supervised?
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Employer:	Address:	City/State/Zip:	May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Job Title:	Phone:	If no, why not?		
Name of Supervisor:	Dates of Employment Salary:	From: From:	To: To:	# of employees you supervised?
Primary Responsibilities:				
Reason for Leaving:				

Employer:	Address:	City/State/Zip:
Job Title:	Phone:	May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, why not?
Name of Supervisor:	Dates of Employment Salary:	From: To: # of employees you supervised?
Primary Responsibilities:		
Reason for Leaving:		

EDUCATION

	Name and Location of Schools	Graduated?		Degree	Major Field of Study
		Yes	No		
High School Last Attended If you have a GED give number & date of issue	Name				
	City State				
College or University	Name				
	City State				
	Name				
	City State				
Business or Vocational School	Name				
	City State				
Other: (ie: Licenses or Certificates, including Numbers)					

ADDITIONAL INFORMATION

Have you ever been convicted of any crime or misdemeanor other than a parking violation? Yes No
(A conviction is not necessarily a basis for disqualification.)

If "yes", list the date of each conviction and the nature of the offense involved. Do not include convictions for minor traffic violations.

Have you ever been dismissed or released from employment for a disciplinary reason or have you ever resigned to avoid discharge? Yes No

If "yes", explain in detail: _____

We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Those applications requiring reasonable accommodation in the application and/or interview process should notify Human Resources.

PLEASE READ CAREFULLY

I declare under penalty of perjury that all answers and statements in this application are true and complete. I understand that untruthfulness or misleading answers are cause for rejection of this application, removal from an eligible list or dismissal from City employment, if hired. If considered for a position, I authorize any former employer or individual, as indicated herein, to release information to the City of San Jacinto relating to my qualifications and verification of information I have stated on this application. If hired, all employees will be required to timely submit valid documentation verifying both identity and eligibility to work in the United States. When applicable, employees will also be required to submit copies of educational diploma/certificate and/or military discharges. I agree to execute any necessary waivers and releases so that former employers or individuals can provide the requested information to the City.

Signature: _____

Date: _____