



APPLICATION FOR EMPLOYMENT

746 8th Street, Wasco, CA 93280

Phone: (661) 758-7214

www.ci.wasco.ca.us

General Instructions - please type or neatly print the information on this application

First Name:	Last Name:	Home Phone:
Address:		Work Phone:
City:	State:	Zip:
Other names you have used while employed:		Email:

Employment Interest:

Position:					
Employment Status:	Full-Time	Part-Time	Temporary	Volunteer	Date available for work:
Have you ever applied for a job at the City of Wasco:	Yes	No	Previously employed by the City: Yes No		
How did you hear about this position:			Shift Desired:	Day	Evening
				Night	Any

Required Information— please check the appropriate box for each question.

All positions require a criminal background check. A conviction will not necessarily disqualify you from consideration for employment. City of Wasco, however, may consider the nature, date, and circumstances of the offense as well as whether the offense is relevant to the duties of the position for which you have applied. **Once your application is submitted and reviewed and if you meet the qualifications, we will contact you to complete a supplemental questionnaire regarding any criminal convictions.**

1. Are you 18 years or older? If your answer is "yes," go to question 3 Yes No
2. If you are under 18, you must have graduated from high school, received a GED certificate, or have a valid work permit in order to be employed by the City of Wasco. Do you meet this requirement? Yes No
3. Upon hire, will you be able to provide proof of eligibility to work in the U.S. as specified in the Immigration Reform and Control Act of 1986? Yes No
4. Do you have a valid California Driver's License? If yes, license number _____ license class: _____ Yes No
5. Do you have any relatives currently employed at the City of Wasco? Yes No
Relationship: _____ Name: _____ Department: _____
6. Have you ever been released or discharged from employment or resigned to avoid such release or discharge? Yes No
If yes, please provide date(s) and circumstances: _____
7. Are you claiming veteran's preference? Yes No
8. Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodations? Yes No
9. Do you need any reasonable accommodation during the interview and selection process? Yes No
If yes, state accommodation needed _____

Employment History for the past ten years. Resume may accompany application but employment history **MUST** be completed in full

Name and Address of current or most recent employer:			
From:	To:	Last monthly salary:	Part-Time Full-Time
Position and Job Duties:			
Reason for leaving:			
Supervisor's name and phone number:			
May we contact your current/most recent employer for a reference? Yes No upon offer of employment			

Name and Address of 2nd Employer:			
From:	To:	Last monthly salary:	Part-Time Full-Time
Job Duties:			
Reason for leaving:			
Supervisor's name and phone number:			

Name and Address of 3rd Employer:			
From:	To:	Last monthly salary:	Part-Time Full-Time
Job Duties:			
Reason for leaving:			
Supervisor's name and phone number:			

Name and Address of 4th Employer:			
From:	To:	Last monthly salary:	Part-Time Full-Time
Job Duties:			
Reason for leaving:			
Supervisor's name and phone number:			

Education - List the schools you have attended. Include high school, business, technical, professional, college, and university:

High School Name:	Diploma	GED Equivalent
College/University Name:	Major:	Degree:
College/University Name:	Major:	Degree:

Licenses or Certificates - List only if required for your area of employment interest. Include type of license or certificate and expiration date:

Type:	No.	Date Issued:	Date Expired:
Type:	No.	Date Issued:	Date Expired:
Type:	No.	Date Issued:	Date Expired:

Other Special Skills/Training - (i.e. other language, equipment operation, typing speed, etc.)

After you have completed the application please initial each paragraph, sign your name, and date.

The City of Wasco is an equal opportunity employer and prohibits discrimination against or harassment of any person employed by or seeking employment on the basis of race, color, national origin, religion, sex, physical or mental disability, ancestry, marital status, age, sexual orientation, citizenship, or status as a covered veteran. **Initial** _____

The City of Wasco’s policy is intended to be consistent with the provisions of applicable State and Federal laws. Under Federal law, the City of Wasco may employ only individuals who are legally able to work in the United States as established by providing documents specified in the Immigration Reform and Control Act of 1986. **Initial** _____

Unless specified in writing, I hereby authorize and request my present or former employer, or other persons having knowledge about me, to furnish to the City of Wasco and/or its designee any and all information in their possession regarding me in connection with an application for employment. I hereby release, hold harmless and indemnify as the custodian of any such records, my present and former employer(s), the City of Wasco and any educational institution which I may have attended, including all officers, agents, employees or other personnel of any of these entities both individually and collectively from any and all liability, damage, suit, actions or claims of whatever kind, which may at any time result from me, my heirs, family or associates because of compliance with this authorization or any attempt to comply with it. I agree that a photocopy of this authorization be accepted with the same authority as the original. I waive written notification from any present or former employer for the purpose of providing information based upon this authorized request. **Initial** _____

I understand that all offers of employment are contingent upon successful completion of a pre-placement physical related to the essential responsibilities of the position for which I have applied. I further understand I will be required to successfully pass a drug screening examination. **Initial** _____

I understand that nothing contained in the application, or conveyed during any interview that may be granted or during my employment, if hired, is intended to create an employment contract between the City of Wasco and myself. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the City of Wasco unless I am subject to the Memorandums of Understandings (MOU’s). No promise or representations contrary to the foregoing are binding on the City of Wasco unless made in writing and signed by me and the City Manager of the City of Wasco. **Initial** _____

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that an omission or misstatement of material fact on this application or on any documents used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery. **Initial** _____

I certify that all statements on this form are true and complete to the best of my knowledge and belief. If employed, I understand that any false or incomplete information I have given may be considered cause for termination.	
_____	_____
Signature	Date

CITY OF WASCO
AUTHORIZATION TO RELEASE INFORMATION

To Whom It May Concern:

I hereby authorize and request my present or former employer, or other persons having knowledge about me, to furnish to the City of Wasco and/or its designee any and all information in their possession regarding me in connection with an application for employment. I hereby release, hold harmless and indemnify you, as the custodian of any such records, my present and former employer(s), the City of Wasco and any educational institution which I may have attended, including all officers, agents, employees or other personnel of any of these entities both individually and collectively from any and all liability, damage, suit, actions or claims of whatever kind, which may at any time result from me, my heirs, family or associates because of compliance with this authorization or any attempt to comply with it. I agree that a photocopy of this authorization be accepted with the same authority as the original. I waive written notification from any present or former employer for the purpose of providing information based upon this authorized request.

Signature of Applicant

Print Full Name

_____/_____/_____
Social Security Number

_____/_____/_____
Date

DO NOT WRITE BELOW THIS LINE: FOR HUMAN RESOURCES USE ONLY

VERIFICATON OF EMPLOYMENT

Employer: _____ Employed From: ____/____/____ to: ____/____/____

Position Held: _____ Salary: \$ _____ Hourly Monthly Yearly

Separation: Voluntary Involuntary Still Employed

Eligible for rehire: Yes No Not Sure

How would you describe the applicant's overall performance: _____

Has the applicant received a written reprimand during the previous 12 months: Yes No

If so, please describe: _____

Please list any other information you feel may be pertinent in helping the City of Wasco to make an informed hiring decision:

Reference provided by (name of individual): _____ Date: ____/____/____

Mail or drop off your completed application to: City of Wasco, Attn: Human Resources 746 8th St., Wasco, CA 93280
Thank you in advance for providing this information in a timely manner