



CITY OF HOLTVILLE  
EQUAL OPPORTUNITY EMPLOYER

CITY OF HOLTVILLE  
121 West Fifth Street  
Holtville, CA 92250  
(760) 356-3013 Personnel Dept.

## APPLICATION FOR EMPLOYMENT

**POSITION APPLIED FOR:** \_\_\_\_\_

Last Name                                      First                                      MI                                      (area code) Home Phone                                      Work Phone

Street Address                                      Apt. No.                                      Social Security Number

City                                      State                                      Zip Code                                      Driver's Lic.No., State, Exp. Date

**PERSONAL HISTORY:**      (If answering Yes to any question below, explain in #6)                                      YES                                      NO

1. Have you ever been employed by the City of Holtville?  
If YES, give Department and date in #6 below.                                      \_\_\_\_\_                                      \_\_\_\_\_

2. Are any of your relatives employed by the City of Holtville?  
If YES, give relationship and Department in #6 below.                                      \_\_\_\_\_                                      \_\_\_\_\_

3. Do you have any physical condition or handicap which may limit your ability to perform the job for which you are applying? If YES, what can be done to accommodate your limitation? Such a limitation will not necessarily disqualify you from employment, but a medical recommendation may be required.                                      \_\_\_\_\_                                      \_\_\_\_\_

4. Have you ever been convicted of a misdemeanor (i.e. DUI) which resulted in imprisonment or a felony? If YES, please attach on a separate sheet the following information for each offense: (1) date, (2) charge, (3) place, (4) court and (5) action taken. You may omit: (a) traffic violations for which you paid a fine of \$30 or less; and (b) any offense committed before your 21<sup>st</sup> birthday which was finally adjudicated in a juvenile court or under a Youth Offender law. (A conviction will not necessarily disqualify you from employment.)                                      \_\_\_\_\_                                      \_\_\_\_\_

5. Were you ever discharged from employment or forced to resign from employment because of misconduct or unsatisfactory services? If YES, please explain in #6. (A yes answer will not necessarily disqualify you from employment.)                                      \_\_\_\_\_                                      \_\_\_\_\_

6. If answers to any of the above questions are "YES", please explain.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Will you accept part-time employment?                                      \_\_\_\_\_                                      \_\_\_\_\_

8. Upon employment, can you submit verification of your legal right to work in the United States?                                      \_\_\_\_\_                                      \_\_\_\_\_

9. If the position requires it, will you work a rotating shift?                                      \_\_\_\_\_                                      \_\_\_\_\_

10. If the position for which you are applying for requires it, can you, or are you willing to lift:

10    25    50    75    100    lbs. (Circle One)

Seldom\_\_\_\_\_ Occasionally\_\_\_\_\_ Frequently\_\_\_\_\_ (Check how often)

11. What is your availability date? \_\_\_\_\_

12. What is your minimum acceptable monthly salary? \_\_\_\_\_

**SKILLS:** (Please note where applicable to position applied for)

1. Foreign Languages: Which one? \_\_\_\_\_ Read\_\_\_\_\_ Speak\_\_\_\_\_ Write\_\_\_\_\_

2. Machines operated: \_\_\_\_\_

3. Read blueprints: YES\_\_\_\_\_ NO\_\_\_\_\_ Read schematics: YES\_\_\_\_\_ NO\_\_\_\_\_

4. Type: \_\_\_\_\_WPM Shorthand: \_\_\_\_\_WPM

5. Specialized licenses or certifications: Kind: \_\_\_\_\_  
(attach copies)

Expiration Date: \_\_\_\_\_ Number: \_\_\_\_\_

**REFERENCES:** Please list names, address and telephone numbers of three personal/professional references other than relatives, or supervisors cited on the reverse side of this application.

<u>Name</u>	<u>Address</u>	<u>(area code) Phone number</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

**EDUCATION:**

<i>School Attended</i>	<i>Name</i>	<i>City-State</i>	<i>Grade Completed</i>	<i>Major</i>	<i>Degree/Diploma</i>
Last Elementary					
Last High School					
Junior College					
College/University					
Graduate School					
Trade School					

Adult Education, Special Training, Certificates or Achievements  
(List those courses which relate directly to position applied for)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## EMPLOYMENT RECORD

BEGINNING WITH CURRENT/MOST RECENT POSITION, LIST YOUR EMPLOYMENT RECORD FOR THE LAST 10 YEARS OR LAST 4 POSITIONS. USE ADDITIONAL SHEETS AS NECESSARY TO PROVIDE RELEVANT EXPERIENCE. (Include periods of unemployment in excess of one month and give reason. You are encouraged to include applicable volunteer experience.)

FROM (MO/YEAR)	TO (MO/YEAR)	JOB TITLE OR OCCUPATION	HIGHEST SALARY EARNED MO WK HR YR
EMPLOYER'S NAME AND ADDRESS			REASON FOR LEAVING
IMMEDIATE SUPERVISOR'S NAME		PHONE NO.	
DESCRIPTION OF DUTIES			
FROM (MO/YEAR)	TO (MO/YEAR)	JOB TITLE OR OCCUPATION	HIGHEST SALARY EARNED MO WK HR YR
EMPLOYER'S NAME AND ADDRESS			REASON FOR LEAVING
IMMEDIATE SUPERVISOR'S NAME		PHONE NO.	
DESCRIPTION OF DUTIES			
FROM (MO/YEAR)	TO (MO/YEAR)	JOB TITLE OR OCCUPATION	HIGHEST SALARY EARNED MO WK HR YR
EMPLOYER'S NAME AND ADDRESS			REASON FOR LEAVING
IMMEDIATE SUPERVISOR'S NAME		PHONE NO.	
DESCRIPTION OF DUTIES			
FROM (MO/YEAR)	TO (MO/YEAR)	JOB TITLE OR OCCUPATION	HIGHEST SALARY EARNED MO WK HR YR
EMPLOYER'S NAME AND ADDRESS			REASON FOR LEAVING
IMMEDIATE SUPERVISOR'S NAME		PHONE NO.	
DESCRIPTION OF DUTIES			

**CERTIFICATE OF APPLICANT (Read carefully before signing)**

*I hereby certify that all statements made in this application are correct to the best of my knowledge and belief, and I hereby authorize the City of Holtville to investigate any information I have given herein, with the understanding that misrepresentation of facts may be ground for my dismissal. I further understand that I may be required to pass a medical examination and be fingerprinted prior to appointment to a permanent position.*

**SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_



## **CITY OF HOLTVILLE**

### ***RELEASE FOR VERIFICATION OF EMPLOYMENT AND CHARACTER REFERENCES***

I refer you to individuals as listed on the employment application or added thereto for information as to my character, ability, and work record.

I hereby release all former employers, their representatives, and the individuals listed from any and all liabilities which may or may not result from information supplied to them by the City of Holtville.

I am willing to take a physical and other examinations when required.

I understand that misrepresentations or omission of facts called for on the employment application is cause for dismissal.

A copy of this document will serve as the original.

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date