



# City of Delano

Personnel Department  
1005 11th Ave, P.O. Box 3010  
Delano CA, 93216  
661.721.3305  
661.721.3317 TDD  
661.721.3305 Option 2 Job Line

Office Use Only

Date Rec'd \_\_\_\_\_

Initials \_\_\_\_\_

## Employment Application

### INSTRUCTION FOR COMPLETION:

A separate application is required for each position applied for. Application must be completed thoroughly. Please type or print clearly in blue or black ink, answer all questions, sign and date the last page. Applications that are incomplete, unsigned or illegible may be rejected. Contact the Personnel Department to update the application for name and address changes, otherwise you may lose your opportunity for employment. You may attach a resume if you wish, but referring to a resume and not completing information requested may disqualify you for further consideration.

### POSITION

Position applying for: \_\_\_\_\_

Date available: \_\_\_\_\_ Will you accept temporary work? \_\_\_\_\_

### PERSONAL

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Day Phone: \_\_\_\_\_

Person to be notified in case of emergency: \_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address) (Phone)

Are you over age 18? (If under 18, hire is subject to verification that you are of minimum legal age.)  Yes  No

Driver's License?  Yes  No  
License # \_\_\_\_\_ State \_\_\_\_\_ Expiration \_\_\_\_\_

1. Can you submit verification of your legal right to work in the United States?  Yes  No

2. Do you currently have a relative employed by the City?  Yes  No

Name: \_\_\_\_\_ Department: \_\_\_\_\_

3. Convictions: Have you ever been convicted of a crime? (Exclude convictions for marijuana-related offenses more than two years old pursuant to Labor Code Section 432.8; convictions that have been sealed, expunged or legally eradicated.)  Yes  No

If YES, briefly describe the nature of the crimes, the date and place of the conviction and legal disposition of the case. (The City will not deny employment to any applicant solely because the person has been convicted of a crime. The City, 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 applied for.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. How did you hear about this position? \_\_\_\_\_

**EDUCATION**

High School: \_\_\_\_\_ Did you graduate?  Yes  No  GED

	Name and Location	Major	Degree Received	Quarter Units Completed	Semester Units Completed
Colleges, or Universities Attended					
Business or Trade School					

Professional Licenses; Certificates or Registrations:

License/Certificate #

Licensing Board

Other skills that would qualify you for this position:

Languages: Do you speak, read and write a language other than English? If YES, indicate below:

**EMPLOYMENT HISTORY**

List previous employment in chronological order beginning with your present or most recent employer. Please account for your work experience during the last ten (10) years. Include any time you were unemployed, volunteer worker or employed in military service. Please be as complete as possible. If you need more space, attach an additional page.

*Resumes will not be accepted as a substitute for completing this section.*

Name of Current Employer		From _____	To _____
Street	City	State	Zip
			Telephone _____
Name and Title of your Supervisor			May we contact? _____
Your Job Title _____		Hours per week? _____	
Your Job Duties _____			
Number Supervised _____		Salary _____ / _____	
		<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	
Reason For Leaving Current Employment _____			

\_\_\_\_\_  
*Name of Current Employer* From \_\_\_\_\_ To \_\_\_\_\_  
\_\_\_\_\_  
*Street City State Zip* Telephone \_\_\_\_\_  
\_\_\_\_\_  
*Name and Title of your Supervisor* May we contact? \_\_\_\_\_  
Your Job Title \_\_\_\_\_ Hours per week? \_\_\_\_\_  
Your Job Duties \_\_\_\_\_  
\_\_\_\_\_  
Number Supervised \_\_\_\_\_ Salary \_\_\_\_\_ / \_\_\_\_\_  Hourly  Weekly  Monthly  
*Start Finish*  
Reason For Leaving Current Employment \_\_\_\_\_

\_\_\_\_\_  
*Name of Current Employer* From \_\_\_\_\_ To \_\_\_\_\_  
\_\_\_\_\_  
*Street City State Zip* Telephone \_\_\_\_\_  
\_\_\_\_\_  
*Name and Title of your Supervisor* May we contact? \_\_\_\_\_  
Your Job Title \_\_\_\_\_ Hours per week? \_\_\_\_\_  
Your Job Duties \_\_\_\_\_  
\_\_\_\_\_  
Number Supervised \_\_\_\_\_ Salary \_\_\_\_\_ / \_\_\_\_\_  Hourly  Weekly  Monthly  
*Start Finish*  
Reason For Leaving Current Employment \_\_\_\_\_

\_\_\_\_\_  
*Name of Current Employer* From \_\_\_\_\_ To \_\_\_\_\_  
\_\_\_\_\_  
*Street City State Zip* Telephone \_\_\_\_\_  
\_\_\_\_\_  
*Name and Title of your Supervisor* May we contact? \_\_\_\_\_  
Your Job Title \_\_\_\_\_ Hours per week? \_\_\_\_\_  
Your Job Duties \_\_\_\_\_  
\_\_\_\_\_  
Number Supervised \_\_\_\_\_ Salary \_\_\_\_\_ / \_\_\_\_\_  Hourly  Weekly  Monthly  
*Start Finish*  
Reason For Leaving Current Employment \_\_\_\_\_

Name of Current Employer _____				From _____	To _____
Street _____	City _____	State _____	Zip _____	Telephone _____	
Name and Title of your Supervisor _____				May we contact? _____	
Your Job Title _____			Hours per week? _____		
Your Job Duties _____					
Number Supervised _____		Salary _____ / _____		<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	
		<small>Start</small>	<small>Finish</small>		
Reason For Leaving Current Employment _____					

**REFERENCES**

Name, address and phone number of persons willing to provide professional and/or character references for you.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**ADDITIONAL REMARKS:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CERTIFICATE OF APPLICATION**

I authorize investigation of all statements contained in this application. My signature certifies that all information in this application is true and correct. I understand and agree that any misstatements or omissions of material facts herein may cause forfeiture of all rights to employment with the City of Delano, or termination of any subsequent employment with City.

I understand that prior to being offered employment with the City, I may be requested to take an employment examination. In the event I have a disability which will affect my ability to take the test, I will so inform the City prior to the administration of the test so that a reasonable accommodation can be made. Requested accommodation may include accessible testing sites, modified testing conditions, and accessible testing formats. The City reserves the right to require medical documentation concerning the need for the accommodation.

I understand that if employed, policies and rules which are issued are not conditions of employment and that the employer may revise policies or procedures, in whole or in part, at any time.

I understand that this application will be kept active for six months from the date completed, after which time I would have to reapply in accordance with established procedures.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

***The City of Delano is an Affirmative Action/ADA/Equal Opportunity Employer***

We consider applicants for all positions without regard to race, age, color, religion, gender, national origin, disability or any other legally protected status.