

INSTRUCTIONS: Answer all questions. Print in ink or type. It is the applicant's responsibility to insure that the application is on file at the Personnel Department on the final filing date. Late applications will be rejected.

POSITION APPLYING FOR
(Show exact title - Separate application required for each position.)

NAME:

LAST _____ FIRST _____ MIDDLE _____

MAILING ADDRESS: (Number/P.O. Box)
Notify us promptly of any change of address. Failure to do so may result in disqualification.
STREET _____ CITY _____ STATE _____ ZIP CODE _____

TELEPHONE:

HOME (____) _____ BUSINESS (____) _____

May we contact you at your business number? ____ Yes ____ No

SOCIAL SECURITY NUMBER

DRIVER'S LIC. NO.

*Use of your Social Security number is voluntary. Social Security numbers are used for identification purposes only. If you do not wish to use your Social Security number we will assign you an Identification number.

*Completion of this question is required only if the position for which you are applying requires the possession of a valid California Driver's license.

Age: I meet the minimum age requirement as stated on the job announcement for this position.
____ Yes ____ No

Have you ever been convicted of a felony? ____ Yes ____ No If yes, explain details. Conviction is not necessarily a disqualification for employment. Each case will be evaluated on its own merits and its applicability to this position.

Do you have any health, medical, or physical problems which would interfere with your ability to perform the essential qualifications of the position for which you are applying?
____ Yes ____ No

If YES, give details. Passing a City-administered medical exam may be required for appointment to a permanent position.



Application for Employment Human Resources Division

411 East Kern Avenue
Tulare, CA 93274-4255
(559) 684-4201
Fax: (559) 685-2398
TDD: (559) 685-2320

An Affirmative Action Equal Opportunity Employer

EDUCATION: Applicants may be required to furnish proof of academic training by transcript of diploma.

Last High School attended: _____

Did you graduate? ____ Yes ____ No

If not, do you have a General Education Development (G.E.D.) equivalent?

____ Yes ____ No

COLLEGE OR UNIVERSITY	MAJOR	UNITS	DEGREE

Certificates or Licenses of Professional or vocational competence:

Clerical applicants only, please certify skill levels:

Typing _____ W.P.M. Shorthand _____ W.P.M.
(Subject to verification)

Have you ever been a member of the Public Employees Retirement System?

____ Yes ____ No

Have you ever worked for the City of Tulare? ____ Yes ____ No

Reason for leaving?

Are you related to any City of Tulare employee? ____ Yes ____ No

If yes, give name _____ Relationship _____

REFERENCES: Give name and home or business address of three persons not related to you who have knowledge of your character, work experience and ability.

NAME OF REFERENCE	ADDRESS	TELEPHONE	BUSINESS OR OCCUPATION
1.			
2.			
3.			

I hereby certify that all statements on this application are true and complete and that any misstatement or omission of material facts will subject me to disqualification or dismissal. I hereby authorize any of my former employers and references to furnish the City of Tulare their records of my services, reasons for leaving their employ and all other job related information that may concern me whether or not on record. I hereby release any of my former employers, their agents or any other references from all liability for any damages whatsoever in furnishing said information. The use of this form does not indicate there are any positions open and does not, in any way, obligate the City of Tulare.

DATE _____

SIGNATURE OF APPLICANT _____

EXPERIENCE:

PLEASE CHECK THE EXPERIENCE YOU FEEL APPLIES TO THIS POSITION.

SHOW YOUR PRESENT JOB FIRST; then list all other jobs in order, working down from the most recent. Use a separate block for each job held even though with the same organization. Use additional sheets if necessary. List any job related volunteer experience you have had. If hours worked per week varied, give average.

RESUMES MAY BE ADDED, BUT CANNOT BE SUBSTITUTED FOR THIS SECTION.

DATE SALARY HOURS	EXACT JOB TITLE	DUTIES	EMPLOYER'S NAME	ADDRESS	REASON FOR LEAVING
FROM _____ TO _____	TITLE:				
\$ _____ PER _____	DUTIES:				
HOURS WORKED PER WEEK _____			PHONE:		
FROM _____ TO _____	TITLE:				
\$ _____ PER _____	DUTIES:				
HOURS WORKED PER WEEK _____			PHONE:		
FROM _____ TO _____	TITLE:				
\$ _____ PER _____	DUTIES:				
HOURS WORKED PER WEEK _____			PHONE:		
FROM _____ TO _____	TITLE:				
\$ _____ PER _____	DUTIES:				
HOURS WORKED PER WEEK _____			PHONE:		
FROM _____ TO _____	TITLE:				
\$ _____ PER _____	DUTIES:				
HOURS WORKED PER WEEK _____			PHONE:		

