



**Application for Employment
City of Stanton, California
7800 Katella Avenue, 90680; (714) 379-9222**

Please Print Clearly in Ink or Type. No action will be taken on this application until all questions have been answered COMPLETELY and ACCURATELY and the application has been SIGNED and DATED.

Position applying for: _____

Name _____
Last First Middle Initial

Have you ever used another name? If yes, please list _____

Address _____
Street City State Zip Code

Home Phone () _____ Cell () _____

Business Phone () _____ E-Mail address _____

Answer All Questions Completely. Incorrect or False Statements are Cause for Rejection or Dismissal.

From what source did you learn of this position? Newspaper Personal Inquiry Job Bulletin Web Site

Will you accept temporary work? YES NO Will you accept part-time work? YES NO

Minimum Salary Acceptable: _____

Do you have a valid California driver's license? YES NO Number: _____

Can you, after employment, submit birth certificate or other proof of U.S. Citizenship or proof of permanent resident alien status? YES NO

Person to notify in case of emergency: _____
Name Phone #

Have you ever worked for the City of Stanton? YES NO If yes, what department?

Are you related to any current City of Stanton employees? YES NO If yes, please list:

Have you ever been fired or forced to resign a position? YES NO If yes, explain:

List any applicable professional vocational certificates you possess or other courses, seminars or related training which would increase your effectiveness in this position. Include title of course, dates attended and certificates received. _____

List any language(s) other than English you can speak and understand: _____

Have you ever worked for another California Public Employees Retirement System (CalPERS): YES NO

If yes, please list the agency name: _____

EDUCATION AND TRAINING

Name and Location of	Did you Graduate	Degree or Certificate	Study Emphasis
High School			
College			
Post Graduate			
Business/Trade School			

List all positions you have held in the past ten (10) years. Account for volunteer, part-time, military, summer positions, periods of unemployment, etc. It is critical that you provide complete information. List each change of title or promotion separately. Resumes may be attached but WILL NOT be accepted in lieu of COMPLETE ANSWERS. DO NOT WRITE "SEE RESUME." If you need more space, attach additional sheets using the same format. Sign and date any attached sheets.

Date (Month/Year)	Employer	Supervisor
From _____ To _____	Name _____	Name _____
Salary _____	Street _____	Position _____
Total Weekly Hours _____	City/State _____	Phone No. _____
Job Title _____		
Duties _____		

Reason for Leaving: _____		

Date (Month/Year)	Employer	Supervisor
From _____ To _____	Name _____	Name _____
Salary _____	Street _____	Position _____
Total Weekly Hours _____	City/State _____	Phone No. _____
Job Title _____		
Duties _____		

Reason for Leaving: _____		

Date (Month/Year)	Employer	Supervisor
From _____ To _____	Name _____	Name _____
Salary _____	Street _____	Position _____
Total Weekly Hours _____	City/State _____	Phone No. _____
Job Title _____		
Duties _____		

Reason for Leaving: _____		

If employed will you take a loyalty Oath of Public Officers and Employees? _____

I hereby certify that all statements made in this application are true and complete to the best of my knowledge and belief. I understand that any false statements on this application are grounds for disqualification or dismissal. I authorize the City of Stanton to investigate my qualifications, employment record or character through inquiries to any sources mentioned in this application, unless otherwise stated. I understand that all offers of employment are conditioned on satisfactory results from a criminal background check by means of a live scan fingerprint procedure conducted by the Department of Justice, and passing the final step in the City's hiring process, which is a pre-employment medical examination, which may include a drug test. I also understand that I will be required to provide satisfactory proof of my identity and legal authorization to work in the United States on my first day of work.

Signature _____ **Date** _____

VOLUNTARY APPLICATION IDENTIFICATION FORM

The City of Stanton is an Equal Opportunity/Affirmative Action Employer.

The information below is needed to comply with federal government guidelines, which require us to compile statistical information about applicants for employment. You are not required to furnish this information, but are encouraged to do so. The law provides that an employer may neither discriminate on the basis of this information, nor on whether you choose to furnish it. However, if you choose not to furnish it, under federal regulations, this employer is required to note race and sex on basis of visual observation or surname.

This Voluntary Application Identification Form will be kept in a confidential file separate from the Application for Employment and this information will not be relied upon in any way to make a hiring decision; nor will it be placed in any personnel file upon successful appointment to City employment.

Position for which you are applying: _____

Print your name: _____

Please check one of the following statements:

- I wish to furnish this information.
- I do not wish to furnish this information.

Please check the space for your appropriate gender:

- Male
- Female

Please check indicating your age:

- Under 18
- 18-39
- 40+

Please check the appropriate space for your appropriate Racial/Ethnic Identification:

- WHITE (not of Hispanic origin): All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- BLACK (not of Hispanic origin): All persons having origins in any of the Black racial groups of Africa.
- HISPANIC: All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture of origin, regardless of race.
- ASIAN or PACIFIC ISLANDER: All persons having origins in any of the original peoples of the Far East, Southeast Asia and Indian subcontinent or the Pacific Islands. This includes, for example, China, Japan, Korea, the Philippine Islands, and Samoa.
- AMERICAN INDIAN or ALASKAN NATIVE: All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliations or community recognition.

Please check if any of the following categories are applicable:

- DISABLED INDIVIDUAL: Any person who (1) has a physical or mental impairment that limits one or more of her major life activities, (2) has a record of such impairment, or (3) is regarded as having such impairment.
- VETERAN ELIGIBILITY: served in the armed forces during a period of conflict.
- SPECIAL DISABLED VETERAN: a veteran entitled to compensation under laws administered by the Department of Veterans Affairs for a disability under federal guidelines or a veteran discharged or released because of a service-connected disability.
- VIETNAM ERA VETERAN.