

Position Desired: _____

Last Name: _____

First Name: _____

MI: _____

CITY OF PERRIS

Great location, incredible opportunity...



Application for Employment



101 North "D" Street
Perris, CA 92570
(951) 943-6100

www.cityofperris.org

An Equal Opportunity Employer / Americans With Disabilities Act
(EOE / ADA)

YOUR CONTACT INFORMATION

Instructions: Please fill out all pages of this form completely, either by typing or printing in ink. An original signature is required for each application unless submitted electronically. This application and any attachments become the property of the City of Perris.

Position You Are Applying For:			
Your Name:	Last Name	First Name	MI
Your Mailing Address:	Street Address		Apt. No.
	City	State	Zip Code
Your Email Address (optional):			
May we contact you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No Your Telephone Number:	Home Phone Number	Work Phone Number	Cellular Phone/Other
	()	()	()

PERSONAL INFORMATION

Type of appointment you are seeking: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary
Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No Issuing State: _____ License Number: _____ Expiration Date: _____ License Class: _____
Are you at least eighteen (18) years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No Prior Military Service: _____
Are you legally eligible to work in the United States and can you provide evidence, upon hire, of your eligibility? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever worked or attended school under another name? If yes, what name? _____ <input type="checkbox"/> Yes <input type="checkbox"/> No
Bilingual Ability: Language: _____ <input type="checkbox"/> Understand <input type="checkbox"/> Speak <input type="checkbox"/> Read <input type="checkbox"/> Write
Can you perform, with or without reasonable accommodation, the essential functions listed in the job description of the job for which you have applied? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been employed by the City of Perris? If yes, hire date: _____ exit date: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any relatives currently employed by the City of Perris? If yes, please provide name and relationship: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been dismissed or released from employment or have you ever resigned to avoid discharge? If yes, please explain: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No

EDUCATION & TRAINING

Did you receive a high school diploma? <input type="checkbox"/> Yes <input type="checkbox"/> No	High School Name	Address, City, State, Zip
Do you have a GED or High School Equivalency Diploma? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Reference No. _____ State _____ Date of Issuance _____		
Training Beyond High School (College, University, Business College, or other schools)	No. of years: 1 2 3 4 5 6 7 8 9+	
Name & Location of Institution	Dates Attended	
	From	To
	Major	GPA
		Degree: <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe any education or training not covered, which you feel is relevant to the job for which you are applying, include relevant licenses, certificates, certifications, professional registrations, or memberships you feel might be pertinent to the position. (Include type of license/registration, number and expiration date, and issuing agency) _____		

WORK EXPERIENCE

Instructions: The information required below must be submitted on this form. A resume can be attached as a supplement, but will not be accepted as a substitute for any portion of this form. Please account for the last ten (10) years beginning with your current or most recent employer. The work experience listed will be used to determine if you meet the minimum qualifications as stated on the job announcement. Applications that do not list related employment history/work experience will be considered incomplete and may be rejected; omitted information can not be considered or assumed. You may include volunteer experience and internships.

Employer	Your Title	Supervisor	Supervisor Phone No. ()
Address of Business (Street, City, State, Zip Code)		Reason for Leaving	
Your Duties			
		Salary	<input type="checkbox"/> Hourly
		\$	<input type="checkbox"/> Monthly
			<input type="checkbox"/> Annually
		From (Month & Year)	To (Month & Year)
		Number of Employees Supervised: _____	
May we contact your current or most recent employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Employer	Your Title	Supervisor	Supervisor Phone No. ()
Address of Business (Street, City, State, Zip Code)		Reason for Leaving	
Your Duties			
		Salary	<input type="checkbox"/> Hourly
		\$	<input type="checkbox"/> Monthly
			<input type="checkbox"/> Annually
		From (Month & Year)	To (Month & Year)
		Number of Employees Supervised: _____	
Employer	Your Title	Supervisor	Supervisor Phone No. ()
Address of Business (Street, City, State, Zip Code)		Reason for Leaving	
Your Duties			
		Salary	<input type="checkbox"/> Hourly
		\$	<input type="checkbox"/> Monthly
			<input type="checkbox"/> Annually
		From (Month & Year)	To (Month & Year)
		Number of Employees Supervised: _____	
Employer	Your Title	Supervisor	Supervisor Phone No. ()
Address of Business (Street, City, State, Zip Code)		Reason for Leaving	
Your Duties			
		Salary	<input type="checkbox"/> Hourly
		\$	<input type="checkbox"/> Monthly
			<input type="checkbox"/> Annually
		From (Month & Year)	To (Month & Year)
		Number of Employees Supervised: _____	

PROFESSIONAL REFERENCES

Please provide three (3) professional references from your most recent supervisors. Do not include friends or relatives.

Name and Title	Company Name	Address (Street, City, State., Zip)	Phone Number
			()
Email Address (if available)			
Name and Title	Company Name	Address (Street, City, State., Zip)	Phone Number
			()
Email Address (if available):			
Name and Title	Company Name	Address (Street, City, State., Zip)	Phone Number
			()
Email Address (if available)			

AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize the City of Perris (“the City”) to investigate my references, prior employers, education and other matters related to my suitability for employment. I further, authorize the references I have listed, all prior employers, and all educational institutions attended, to disclose to the City any and all information related to my records, including but not limited to my performance reviews and evaluations, discipline, commendations, awards, and all other employment information.
 _____ (Initials)

APPLICATION CERTIFICATION STATEMENT: (Please sign and date the following statement):

I hereby certify that the answers given by me on this application are true and correct to the best of my knowledge, and that I have not withheld any information that might adversely affect my chances for employment. I understand that any misstatement or omission of fact in this application or in any document used to obtain employment may result in rejection of this application, removal from any Employment List, disqualification from future consideration for employment with the City of Perris, or immediate discharge if I am employed, regardless of the time elapsed before discovery of the misstatement or omission.

 Applicant’s Signature

 Date

Selection and Application Process: Possession of the minimum qualifications does not ensure that an applicant will be invited to the next phase of the examination process. The City reserves the right to invite only the most qualified applicants to participate in successive parts of the process. Candidates may be required to pass a physical examination. Accepted candidates may be required to pass a background investigation at the City’s expense. Some positions may require a live scan fingerprint background check and/or a drug screen examination. In compliance with the Immigration Reform and Control Act of 1986, all new employees must verify identity and entitlement to work in the United States by providing required original documentation.

Equal Opportunity Employer: The City encourages applications from all qualified candidates without regard to race, color, national origin, ancestry, sexual orientation, political affiliation or beliefs, religious affiliation or beliefs, sex, age, disability status, marital status, or pregnancy. The City complies with the Americans With Disabilities Act.

Resumes and Letters of Interest are encourage and may be sent as attachments, but cannot substitute the City Application. Submit your application to: **Division of Human Resources: 101 North “D” Street, Perris, CA 92570, phone (951) 943-6100.**

Download a City Application at www.cityofperris.org. EOE / ADA

Applications must be received in the City of Perris Division of Human Resources before 5:00 p.m. on the closing date stated on the job announcement. If the position is open until filled, apply immediately for optimal consideration as the recruitment may close without notice. A separate application must be submitted for each position of interest. The City of Perris does not accept postmarks or faxed applications.

VOLUNTARY EQUAL OPPORTUNITY EMPLOYER QUESTIONNAIRE

The City of Perris is an equal opportunity employer. The disclosure of the following information is voluntary and allows us to meet State and Federal government reporting requirements and evaluate the effectiveness of our recruitment efforts. This sheet will be removed from your application and the data will be kept confidential and will not be used in making employment decisions. Refusal to provide this information will not subject you to any adverse action.

Last Name	First Name	MI	Date

GENDER:

- Male Female

RACIAL AND/OR ETHNIC HERITAGE

PLEASE CHECK THE APPROPRIATE CATEGORY:

- White, not Hispanic/Latino origin.** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black or African American, not Hispanic/Latino origin.** A person having origins in any of the Black racial groups of Africa.
- Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- American Indian or Alaskan Native, not Hispanic/Latino origin.** A person having origins in any of the original peoples of North and South America, including Central America, and who maintain tribal affiliation or community attachment.
- Asian, not Hispanic/Latino origin.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
- Native Hawaiian or Other Pacific Islander, not Hispanic/Latino origin.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Two or more races, not Hispanic/Latino origin.** All persons who identify with more than one of the above five races.

DISABILITY:

If you need reasonable accommodation(s) during the application process due to disability related functional limitations, please notify the City of Perris Human Resources Division.

The application process may include one or more of the following components: A written or computer based test measuring the candidate's job knowledge or skills. A performance test whereby candidates demonstrate the degree of job knowledge and ability possessed. A personal interview designed to evaluate the candidate's personal characteristics, background and job knowledge. Candidates may be required to pass a physical examination. Accepted candidates may be required to pass a background investigation at the City's expense. Some positions may require a live scan fingerprint background check and/or a drug screen examination.

If you do not yet know whether you will need a reasonable accommodation for the hiring process, please let the City know as soon as possible of any accommodations needed. If possible, please submit future requests for reasonable accommodations for the hiring process in writing.

If your need for reasonable accommodation is not obvious, you will be required to provide written verification from a doctor or other authorized person confirming your disability and indicating reasonable accommodation.

HOW DID YOU LEARN OF THIS VACANCY?

<input type="checkbox"/> City Website (www.cityofperris.org) <input type="checkbox"/> Human Resources Job Announcement <input type="checkbox"/> City of Perris Civic Center <input type="checkbox"/> Other City Agency: _____ <input type="checkbox"/> Time Warner Cable Channel 3	<input type="checkbox"/> Referred By: _____ <input type="checkbox"/> Newspaper: _____ <input type="checkbox"/> Website: _____ <input type="checkbox"/> Other: _____
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