City of Yucaipa
Employment Application

Personnel Department
34272 Yucaipa Boulevard
Yucaipa, CA 92399
909/797-2489

Personnel Use Only				
Application Rejected:				
Education				☐
Experience				☐
Late				☐
Background				☐
Written Exam:	P	F	Not	☐
Practical:	P	F	Not.	☐
Oral:	P	F	Not.	☐

INSTRUCTIONS: This application must be completely filled out and signed to be accepted. PLEASE PRINT

POSITION TITLE: _____ SS# _____

NAME: _____ (Last) _____ (First) _____ (MI)

MAILING ADDRESS: _____ (Number) _____ (Street)

_____ (City) _____ (County) _____ (State) _____ (Zip Code)

HOME PHONE: ( ) _____ **OTHER PHONE:** ( ) _____

AGE: **If applying for a sworn position in law enforcement or fire service, indicate date of birth**: ____ (MONTH) / ____ (DAY) / ____ (YEAR)

(Employment is subject to verification that your age meets any legal requirements for job applied for)

Are you over 18 years of age? ☐ YES ☐ NO **Are you under 70 years of age?** ☐ YES ☐ NO

CALIFORNIA DRIVER LICENSE: If required by the job announcement, do you have the following? ☐ YES ☐ NO

Dr. License: _____ (State) _____ (No.) _____ (Exp. Date) Other Required License: _____ (State) _____ (N.) _____ (Exp. Date)

Are you legally eligible to work in the United States and can you provide evidence, upon hire, of your eligibility? ☐ YES ☐ NO

As an adult, have you ever been convicted of an offense other than a minor traffic violation? If "yes", please explain nature below.
(Convictions are evaluated for each position and are not necessarily disqualifying.) ☐ YES ☐ NO

_____

_____

CITY EMPLOYMENT

1. Are you currently working for the City of Yucaipa? ☐ YES ☐ NO
   If "YES", what department? _____
2. If "NO", have you ever worked for the City of Yucaipa? ☐ YES ☐ NO
   If "YES", what department? _____
3. Do you have any family members working for the City of Yucaipa? ☐ YES ☐ NO
   If "YES", what department? _____

TYPE OF EMPLOYMENT: Please check the type(s) of work you will accept:

☐ Full Time ☐ Part Time ☐ Shift Work ☐ Day ☐ Evening ☐ Night ☐ Weekend

LANGUAGE SKILL: Do you speak any other language besides English? Please indicate your fluency, reading and writing ability in each language.

☐ YES ☐ NO Language: _____ ☐ S ☐ R ☐ W

THE CITY OF YUCAIPA IS AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER WHO DOES NOT DISCRIMINATE ON THE BASIS OF: Race, Religious Creed, Color, National Origin, Ancestry, Sex, Age, Marital Status, Physical Condition, Handicap, or Sexual Orientation

EMPLOYMENT QUESTIONNAIRE

APPLICANT: Please complete both sides of this form and submit it with your application. The completed form is confidential and will be detached from your application. This information is voluntary and is gathered in accordance with State and Federal laws for the purpose of evaluating the effectiveness of our Affirmative Action and recruitment efforts.

CHECK MALE OR FEMALE: ☐ Male ☐ Female **AGE:** ☐ Under 40 ☐ Over 40

ALSO, PLEASE CHECK ONE BOX ONLY FOR THE ETHNIC CATEGORY YOU MOST CLOSELY IDENTIFY WITH. (See below for ethnic definitions)

☐ 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 or origin, regardless of race.
☐ Asian or Pacific Islander	All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, and Samoa.
☐ American Indian or Alaskan Native	All persons having origins in any of the original peoples of North America, and who maintain cultural identifications through tribal affiliation or community recognition. Please identify with which tribe you are affiliated: _____
☐ Other	Persons belonging to groups whose origin are **not** listed above. Specify group: _____

EDUCATION AND TRAINING: High School Graduate or Passed GED? ☐ YES ☐ NO

Name and Location of College, University, Business, Correspondence, Trade or Service School(s)	Major Course of Study	Completed No. of		Diploma, Certificate, or Degree Received, Number of Hours of Training, Program, or Course(s) Required by Job Announcement	Date Completed
		Semester Units	Quarter Units		

Current certificates of professional competence, licenses, membership in professional associations:

EMPLOYMENT HISTORY: List your complete employment history for the last 10 years. Account for periods of unemployment greater than 3 months. ***Begin with your most recent experience***. List all jobs separately. Failure to list the related experience required will be considered an incomplete application and subject to rejection. ***A resume will not substitute for the information required in this section***. Your application will be rejected if you write "See Resume".

FROM: MO. ____ DAY ____ YR. ____ **TO:** MO. ____ DAY ____ YR. ____ HOURS/WEEK: ____ # OF PEOPLE SUPERVISED: ____ MONTHLY SALARY: $ ____	TITLE: ____ DUTIES: MAY WE CONTACT CURRENT EMPLOYER? ☐ YES ☐ NO	PRESENT OR MOST RECENT EMPLOYER: ADDRESS: ____ PHONE: ____ / SUPERVISOR: ____ REASON FOR LEAVING:
FROM: MO. ____ DAY ____ YR. ____ **TO:** MO. ____ DAY ____ YR. ____ HOURS/WEEK: ____ # OF PEOPLE SUPERVISED: ____ MONTHLY SALARY: $ ____	TITLE: ____ DUTIES:	PRESENT OR MOST RECENT EMPLOYER: ADDRESS: ____ PHONE: ____ / SUPERVISOR: ____ REASON FOR LEAVING:
FROM: MO. ____ DAY ____ YR. ____ **TO:** MO. ____ DAY ____ YR. ____ HOURS/WEEK: ____ # OF PEOPLE SUPERVISED: ____ MONTHLY SALARY: $ ____	TITLE: ____ DUTIES:	PRESENT OR MOST RECENT EMPLOYER: ADDRESS: ____ PHONE: ____ / SUPERVISOR: ____ REASON FOR LEAVING:

May we contact ALL past employers? ☐ YES ☐ NO

I hereby authorize my former employers, references, or any other person to furnish the City of Yucaipa with information regarding my employment, services, reason for leaving employment, and any other information pertinent to my performance and tenure. I hereby release any of my former employers, their agents, or any other references from all liability for damages whatsoever in furnishing said information. I hereby certify that all statements on this application are true and complete and that any misstatement or omission of material facts may subject me to immediate disqualification or dismissal.

SIGNATURE: ____ **DATE:** ____

(Required for Application to be Complete)

JOB TITLE: ____

I first learned of this job opening through (check one only):

- ☐ **A Friend or Relative**
- ☐ **The City's Personnel Department**
- ☐ **Contact with a City Department/Employee**
  If Department, Specify Which: ____
- ☐ **An Organization or Group (Specify):** ____
- ☐ **An Advertisement (Specify Newspaper, Publication, TV or Radio Station)**
  ____
- ☐ **Other Means (Specify):** ____

ARE YOU DISABLED?

☐ YES ☐ NO

If you have need for special testing arrangements, please indicate: