

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? <input type="checkbox"/> YES <input type="checkbox"/> 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: _____ MAY WE CONTACT CURRENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	PRESENT OR MOST RECENT EMPLOYER: _____ ADDRESS: _____ PHONE: _____ SUPERVISOR: _____ REASON FOR LEAVING: _____
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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: _____ ARE YOU DISABLED? YES NO

- 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): _____

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

