



CITY OF EASTVALE APPLICATION FOR EMPLOYMENT

City of Eastvale
Human Resources
12363 Limonite Ave, Suite 910
Eastvale, CA 91752
(951) 361-0900

Equal Opportunity Employer

The City of Eastvale complies with all applicable federal, state and local laws prohibiting employment discrimination on the basis of race, religion, color, national origin, ancestry, physical disability, mental disability, medical condition, marital status, age, genetic information, sex, sexual orientation, gender identity or gender expression. The City of Eastvale will consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions of the job.

POSITION APPLIED FOR (Exact Job Title):

NAME: _____		
(Last Name)	(First Name)	(MI)
ADDRESS: _____		
CITY: _____	STATE: _____	ZIP: _____
HOME PHONE: _____	CELL PHONE: _____	
EMAIL: _____		

Have you ever been discharged or forced to resign from a position? (If yes, please explain below) Yes No

After employment, can you submit verification of your legal right to work in the United States? Yes No

EDUCATION			
Names and locations of all universities, colleges, business or trade schools attended	Course(s) of Study	Number of Credits Earned	Degree, Certificate or License Awarded
List Certificates and/or Licenses and dates received related to this position:	List membership in Professional or Technical Associations related to this position:		
List all social media accounts (e.g. Facebook, Twitter, Instagram, LinkedIn, etc) that you currently possess:			

DO NOT WRITE IN THIS AREA: HUMAN RESOURCES USE ONLY

Reviewed by: _____

Accepted Not Accepted

Employment History: List all jobs you have held in the last ten (10) years, including volunteer work. Begin with your most current position. If you need more space, you may attach additional sheets utilizing the same format. Explain any gaps between employment periods. "See attached resume" will not be accepted in lieu of filling out this section.

From: _____ To: _____ Month/Year Month/Year Name & Address of Employer: _____ _____ Name & Title of Supervisor: _____ _____ Telephone: _____	Job Title: _____ Duties: _____ _____ _____ Reason for leaving or wanting to leave: _____ _____
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From: _____ To: _____ Month/Year Month/Year Employer Name & Address: _____ _____ Supervisor Name & Title: _____ _____ Telephone: _____	Job Title: _____ Duties: _____ _____ _____ Reason for leaving: _____ _____
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From: _____ To: _____ Month/Year Month/Year Employer Name & Address: _____ _____ Supervisor Name & Title: _____ _____ Telephone: _____	Job Title: _____ Duties: _____ _____ _____ Reason for leaving: _____ _____
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Are you 18 years of age or older?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you need special accommodation throughout the recruitment process? If yes, please specify below: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you hold a valid driver's license?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Driver's License Number _____ State _____ Expiration Date _____	Class _____

APPLICANT CERTIFICATION (read carefully before signing):

I hereby certify that all statements contained herein are true, correct and complete to the best of my knowledge. I understand that misstatements of material facts may disqualify me from employment with the City of Eastvale

I understand that the City of Eastvale may wish to verify the accuracy of the information contained in my application. If I am a finalist for this position, I authorize the City of Eastvale to obtain information regarding my references, education or training, prior employment and anything else listed on my application. I understand that an offer of employment is contingent upon the successful completion of a confidential background investigation and physical examination including drug and alcohol testing.

APPLICANT SIGNATURE _____ DATE _____

APPLICANT STATISTICAL INFORMATION FORM

In order to comply with Federal and State Equal Employment Opportunity requirements, we would appreciate your voluntary cooperation in providing the following information. Prior to review of the employment application, the Applicant Statistical Information Form is removed and retained separately. Any information you provide is kept confidential and utilized for statistical purposes only.

1. Please check one: Female Male

2. Please check one: Under 40 40 or Over

3. Did you graduate High School? Yes No
If, "No", received GED or equivalent? Yes No

4. Education: Circle highest year completed:
8 9 10 11 12 13 14 15 16 17 18 19 20

5. I consider myself to be (please check only one in this section):

- A. WHITE, NOT OF HISPANIC ORIGIN (Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.)
- B. BLACK, NOT OF HISPANIC ORIGIN (Persons having origins in any of the Black racial groups of Africa.)
- C. HISPANIC (Persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.)
- D. ASIAN OR PACIFIC ISLANDER (Persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands, including China, Japan, Korea, the Philippine Islands and Samoa.)
- E. AMERICAN INDIAN OR ALASKAN NATIVE (Persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.)

6. How did you first learn of this employment opportunity?

- City of Eastvale Employee
- A friend or relative
- City of Eastvale's website
- Advertisement (employment website, newspaper, publication, television or radio), please identify:

Referral from an organization or group, please list:

Other:

Applicant Name: _____