



EMPLOYMENT APPLICATION CITY OF ATWATER

Human Resources Office
(209) 357-6204
750 Bellevue Road
Atwater, CA 95301
www.atwater.org

FOR OFFICE USE
Eligible _____

Position Title: _____
(USE EXACT TITLE AS IT APPEARS ON JOB BULLETIN. JOB BULLETIN AVAILABLE FROM THE HUMAN RESOURCES OFFICE.)

INSTRUCTIONS: PLEASE READ CAREFULLY

This written Job Application is the initial part of the employment application process. Read the job bulletin thoroughly and apply for the position only if you feel reasonably certain that you meet the requirements. **TYPE OR PRINT RESPONSES IN INK AND FILL OUT THE APPLICATION COMPLETELY.** Clearly state your qualifications for the position. If a question does not apply to you, enter "N/A". **Incomplete or illegible applications may be disqualified. A SEPARATE APPLICATION FORM IS REQUIRED FOR EACH POSITION.** Applicants are permitted to provide additional relevant information. However, documents submitted with the application will not be returned. Please avoid any reference to religion, politics, race, sex, gender, age or other non-job related traits. Notify the Human Resources Office promptly if you have a change of address, phone, employer, or any other information in this Application.

LAST NAME		FIRST NAME		MIDDLE NAME	
CURRENT RESIDENCE: STREET NUMBER		STREET NAME		APT. NO.	
CITY		STATE	ZIP CODE	EMAIL ADDRESS (Email is the preferred method of communication)	
PHONE NUMBERS			DRIVER'S LICENSE NO.		
			STATE	CLASS	
			EXPIRATION DATE		

PERSONAL INFORMATION

Are you legally eligible to be employed in the United States? Yes No
 (Proof of identity and eligibility will be required upon employment)

If younger than 18 years of age, do you have a work permit? Yes No

What language(s) [other than English] do you comprehend and speak fluently? _____

Is there any reason that you may not be able to perform the essential job functions of the position for which you are applying? Yes No

If yes, do you believe you can perform the essential job functions of the position for which you are applying with a reasonable accommodation? Yes No

(According to the Americans with Disabilities Act (ADA), disabilities are irrelevant to the application process except for purposes of discussing the forms of accommodation which might enable the applicant to perform the essential functions of the position. All qualified individuals will be considered for the position, whether or not an accommodation is required. **NOTE: If you require an accommodation in order to fully participate in the application and testing process, please attach a request for the type of accommodation required or contact the Human Resources Office directly to discuss.**)

Have you ever worked for the City of Atwater? Yes No
 If yes, in what position _____

Do you have any relatives presently working for the City of Atwater? Yes No
 If yes, please give name, relationship, position and Department _____

(Please call the Human Resources Office to determine if this would affect your eligibility for employment in this position.)

APPLICATION CONTINUES ON NEXT PAGE

EDUCATION AND EXPERIENCE

Refer to job bulletin for the position for which you are applying. List specific education, training, license, certificate and experience relevant to the position.

EDUCATION: (Indicate highest grade completed) (1 - 12)	HIGH SCHOOL GRADUATE OR PASSED HIGH SCHOOL EQUIVALENCY TESTS <small>(Attach copy of G.E.D.)</small>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
NAME OF EDUCATIONAL INSTITUTION, TRADE OR SERVICE SCHOOL	LOCATION	COURSE OF STUDY	DEGREE/DATE

CERTIFICATES OF PROFESSIONAL OR VOCATIONAL COMPETENCE, LICESES, MEMBERSHIPS IN PROFESSIONAL ASSOC.

MILITARY SERVICE: U.S. Armed Forces	IF YES, COMPLETE THE SECTION BELOW
Do you wish to claim Veterans Credit?	List experience and skills obtained while in active duty

EXPERIENCE: List all of your work and other relevant experience (i.e. volunteer) in the last five (5) years, beginning with your most recent experience. Provide details regarding your experience which you believe are relevant to establish that you meet the minimum qualifications for the position. You may also provide information regarding experience from beyond five (5) years if you believe the experience is relevant to evaluation of your Application.

PERIOD OF EMPLOYMENT	TITLE and most important duties performed.	EMPLOYER'S NAME, ADDRESS AND PHONE
From Mo. Yr.	Title	
To Mo. Yr.	Duties	
Total Yrs. Mos.		
Full-Time _____		
Part-Time _____		
Hours Per Week _____	Reason for Leaving	Name of Supervisor
From Mo. Yr.	Title	
To Mo. Yr.	Duties	
Total Yrs. Mos.		
Full-Time _____		
Part-Time _____		
Hours Per Week _____	Reason for Leaving	Name of Supervisor
From Mo. Yr.	Title	
To Mo. Yr.	Duties	
Total Yrs. Mos.		
Full-Time _____		
Part-Time _____		
Hours Per Week _____	Reason for Leaving	Name of Supervisor

May we contact your present employer? If no, explain

WORK RELATED REFERENCES List three individuals (NOT RELATIVES)			
NAME	ADDRESS	TELEPHONE	OCCUPATION

AUTHORIZATION. By signing below, you agree that all of the following statements are true and correct:

The facts set forth in this Application and any supplemental information are all true and complete to the best of my knowledge. I understand that if I am employed by the City, falsified statements on this Application shall be considered sufficient cause for immediate discharge.

I understand that neither the completion of this Application nor any other part of the application process establishes any obligation for the City to hire me. If I am hired, I understand that either the City or I can terminate my employment at any time and for any reason, with or without cause and without prior notice, subject to relevant provisions of any applicable Memorandum of Understanding. I also understand that appointment to the position for which I am applying is expressly conditioned on verification of my right to work in the United States, and satisfactory completion of a medical examination (including drug screen), background check (including fingerprinting), credit check and/or other appropriate pre-employment investigation, as well as confirmation that I am qualified to perform the essential functions of the position for which I have applied.

I understand that I am required to abide by all policies, rules and regulations of the City.

Signature (Type Name)

Signature

Date

EQUAL OPPORTUNITY EMPLOYMENT

The City is an equal opportunity employer. Neither the City, nor any of its employees shall discriminate with respect to any personnel actions or terms and conditions of employment, including, but not limited to, recruiting, hiring, assignments, training, performance appraisal, compensation, benefits, promotion, disciplinary action, layoff or termination based upon race, color, religion (all aspects of religious beliefs, observance or practice including religious dress or grooming practices), sex, sexual orientation, gender (including gender identity, gender expression, and transgender status), marital status, registered domestic partner status, pregnancy (including childbirth, breastfeeding or related medical condition), alienage, national origin (including language use restrictions and possession of a driver's license issued under Vehicle Code §12801.9), ancestry, physical or mental disability, medical condition, age, citizenship status, military or veteran status, genetic information, political affiliation, position in a labor dispute, request for or use of protected leave, or any other basis protected by applicable federal, state or local law. The City's Equal Employment Opportunity Policy also prohibits discrimination based on the perception that anyone falls into any protected category, has any protected characteristic, or is associated with a person who falls within a protected category, or who has or is perceived as having any protected characteristic.

The City will comply with its obligations under the Americans With Disabilities Act and the Fair Employment and Housing Act related to engaging in an interactive process with applicants and providing reasonable accommodations during the application and examination process for individuals with disabilities. Requests for accommodations should be made prior to or at the time of application. For more information, please contact the City of Atwater Human Resources Department.

DISCLOSURE AUTHORIZATION AND RELEASE

"I hereby authorize all of the following: (1) the City to investigate all statements contained in this Application, (2) the City to contact any and all former employers or persons listed as references in this Application, and (3) all persons identified in this Application to provide any and all information they deem appropriate regarding my employment, job performance or other services to the City of Atwater and any of its employees, representatives and/or agents. All authorized information may be provided verbally and/or in writing. In addition to authorizing the release of any information as described herein, I hereby fully and completely waive and release any rights or claims I have or may have against any former employer and/or its employees and representatives, any person listed as a reference in this Application, and any education institution listed in this Application, from any and all liability, claims or damages that may directly or indirectly result from the use, disclosure or release of such information, whether the information is favorable or unfavorable to me."

Signature (Type Name)

Signature

Date



Applicant Self Identification Form

Required Information

Name: _____ Date of Application: _____

Position(s) for which you are applying: _____

Voluntary Information

The City of Atwater (“City”) is a local agency that is required to comply with the regulations for equal employment opportunity. The City must track our applicants by gender and race/ethnicity and the position they applied for to the government. The City values diversity. For this reason, we invite you to indicate your gender and race/ethnicity below. This information is kept separate from your application.

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. Responses will remain confidential within the Human Resources Department; and will be used only for the necessary information to include in our reporting requirements to the government. When reported, data will not identify any specific individuals.

Gender: Male Female Nonbinary

Definitions of race/ethnicity are on the next page (as defined by the Equal Employment Opportunity Commission).

Race/Ethnic Identification (check one):

Are you Hispanic or Latino? Yes No

If you answered “Yes” you have completed this form. If you answered “No” please select a race from the options below.

- White (Not Hispanic or Latino)
- Black or African American (Not Hispanic or Latino)
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)
- Asian (Not Hispanic or Latino)
- American Indian or Alaska Native (Not Hispanic or Latino)
- Two or More Races (Not Hispanic or Latino)
- I do not wish to disclose.

Definitions of Race/Ethnic Categories

Hispanic or Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

White (Not Hispanic or Latino) - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Black or African American (Not Hispanic or Latino) - A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Asian (Not Hispanic or Latino) - 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.

American Indian or Alaska Native (Not Hispanic or Latino) - 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.

Two or More Races (Not Hispanic or Latino) - All persons who identify with more than one of the above five races.