

Employment Application



City of Sierra Madre

Community & Personnel Services Department
 232 W. Sierra Madre Blvd.
 Sierra Madre, CA 91024
 (626) 355-5278
 www.cityofsierramadre.com

POSITION FOR WHICH YOU ARE APPLYING The City of Sierra Madre is an equal opportunity employer. This application does not constitute an offer of employment, merely the opportunity to compete for the position. Your application is subject to review and is considered part of the employment evaluation process. City of Sierra Madre Mission Statement <i>The City of Sierra Madre provides quality, cost-effective public services that preserve the small downtown character and enhance the health, safety and welfare of the community.</i>	FOR PERSONNEL SERVICES ONLY ELIGIBILITY REVIEW <input type="checkbox"/> Qualified <input type="checkbox"/> Disqualified <input type="checkbox"/> Pending RECEIVED: _____ REVIEWED BY: _____
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INSTRUCTIONS:

This application is part of your total evaluation. Answer all questions completely and accurately. If additional space is needed, attach additional sheets. All statements are subject to verification. Please type or print legibly in ink.

Applicants are responsible for ensuring that education, experience and licenses required for the position are clearly shown on the application. Your application must be received by the recruitment closing date. This application is current for six (6) months.

GENERAL INFORMATION

LAST NAME		FIRST NAME		M.I.	DATE
STREET ADDRESS					APT/UNIT #
CITY				STATE	ZIP CODE
HOME PHONE		ALTERNATE PHONE		EMAIL ADDRESS	
DRIVER'S LICENSE	State:	License Number:	Class:	Expiration Date:	
ARE YOU 18 YEARS OF AGE OR OLDER?		<input type="checkbox"/> Yes <input type="checkbox"/> No		IF UNDER 18 YEARS OF AGE, PLEASE STATE YOUR AGE::	
HAVE YOU EVER WORKED FOR THE CITY OF SIERRA MADRE?			<input type="checkbox"/> Yes <input type="checkbox"/> No		IF YES, WHEN?
HAVE YOU EVER BEEN FIRED OR FORCED TO RESIGN FROM A POSITION?			<input type="checkbox"/> Yes <input type="checkbox"/> No		IF YES, EXPLAIN.
HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR? <small>A plea of "nolo contendere" has the same force and effects as a guilty plea, is considered a conviction, and must be disclosed. Include any convictions by military trial. List all cases other than minor traffic violations. (Driving under the influence, reckless or hit-and-run driving are NOT minor traffic violations.) You are not required to disclose convictions over two years old for violations of Health & Safety Code Sections 11357, 11360, 113634, 11365 or 11550 (or predecessor statutes) which relate to marijuana. PLEASE NOTE: A full disclosure by you is to your advantage as your record does not constitute an automatic bar to employment. Factors such as, but not limited to, age at the time of offense(s) and date of offense(s), as well as the relationship between the offense(s) and the job(s) for which you apply will be taken into account.</small>			<input type="checkbox"/> Yes <input type="checkbox"/> No		IF YES, EXPLAIN.
MILITARY SERVICE	RANK AT DISCHARGE			BRANCH	
LIST ANY PROFESSIONAL LICENSE, CERTIFICATE, OR CREDENTIAL:					
Type:	Issue Date:	Expiration Date:	Number:		
Type:	Issue Date:	Expiration Date:	Number:		

In compliance with the Immigration Reform and Control Act of 1986, the City of Sierra Madre requires all new employees to show proof of their legal right to work in the United States. You will be required to submit legal verification of the legal right to work within three (3) business days beginning with your first day of work. The City of Sierra Madre is legally prohibited from employing anyone who cannot provide such verification.

Applicant Last Name:	First Name:	MI:	Date:
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EDUCATION

Please reference specific job posting to determine minimum educational requirements.

HIGH SCHOOL		ADDRESS	
DID YOU GRADUATE? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF YOU HAVE A HIGH SCHOOL EQUIVALENCY DIPLOMA, PLEASE PROVIDE NUMBER AND DATE OF ISSUE:	NUMBER:	DATE OF ISSUE:
COLLEGE		ADDRESS (City, State)	
DATES ATTENDED (Mo/Yr) to	DID YOU GRADUATE? <input type="checkbox"/> Yes <input type="checkbox"/> No	CREDITS EARNED	MAJOR
OTHER		ADDRESS (City, State)	
DATES ATTENDED (Mo/Yr) to	DID YOU GRADUATE? <input type="checkbox"/> Yes <input type="checkbox"/> No	CREDITS EARNED	MAJOR
		DEGREE RECEIVED	

PREVIOUS EMPLOYMENT

List the most recent experience first. Carefully account for all employment, paid or unpaid, over the last ten (10) years. List each change of title or promotion separately. Review the employment announcement for details on qualifications the City is seeking. Résumés are not accepted in lieu of application but may be attached.

CURRENT OR PREVIOUS EMPLOYER	EMPLOYMENT DATES (Mo/Yr) to	JOB TITLE
ADDRESS	STARTING SALARY \$	RESPONSIBILITIES
CITY, STATE, ZIP	ENDING SALARY \$	
IMMEDIATE SUPERVISOR	PHONE	REASON FOR LEAVING
PREVIOUS EMPLOYER	EMPLOYMENT DATES (Mo/Yr) to	JOB TITLE
ADDRESS	STARTING SALARY \$	RESPONSIBILITIES
CITY, STATE, ZIP	ENDING SALARY \$	
IMMEDIATE SUPERVISOR	PHONE	REASON FOR LEAVING
PREVIOUS EMPLOYER	EMPLOYMENT DATES (Mo/Yr) to	JOB TITLE
ADDRESS	STARTING SALARY \$	RESPONSIBILITIES
CITY, STATE, ZIP	ENDING SALARY \$	
IMMEDIATE SUPERVISOR	PHONE	REASON FOR LEAVING

CERTIFICATE OF APPLICATION AND AUTHORIZATION TO OBTAIN EMPLOYMENT INFORMATION

May the City of Sierra Madre Community and Personnel Services Department contact **YOUR PAST EMPLOYERS** for references? Yes No

If YES, read the following statements and sign your name on the line below. I authorize the City of Sierra Madre Community and Personnel Services Department to obtain employment information from any previous employer. A photostatic copy of this authorization will be considered as valid as the original.

SIGNATURE _____ **DATE** _____

May the City of Sierra Madre Community and Personnel Services Department contact **YOUR PRESENT EMPLOYERS** for references? Yes No

If YES, read the following statements and sign your name on the line below. I authorize the City of Sierra Madre Community and Personnel Services Department to obtain employment information from any current employer. A photostatic copy of this authorization will be considered as valid as the original.

SIGNATURE _____ **DATE** _____

Please read completely before signing.

I certify that all statements and representations on this application form and attachments are true and complete to the best of my knowledge. I understand that false, misleading or incomplete information shall be sufficient cause for disqualification from the application process or dismissal from employment.

SIGNATURE _____ **DATE** _____

Applicant Last Name:	First Name:	MI:	Date:
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Applicant Release and Waiver



City of Sierra Madre

Community & Personnel Services Department
 232 W. Sierra Madre Blvd.
 Sierra Madre, CA 91024
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TO WHOM IT MAY CONCERN:

I, _____, have submitted a job application with the City of Sierra Madre. Under California Labor Code section 1198.5, I am entitled to access and review my personnel records. Section 1198.5 states in part:

- (a) Every employee has the right to inspect the personnel records that the employer maintains relating to the employee's performance or to any grievance concerning the employee.
- (b) The employer shall make the contents of those personnel records available to the employee at reasonable intervals and at reasonable times.

I also authorize all current and former employers and/or their agents to respond candidly to verbal and/or written inquiries from the City of Sierra Madre regarding my employment record, including but not limited to: job positions held; dates of employment; beginning and ending pay rates; disciplinary records, including any sealed records; reason(s) for ending prior employment; and work performance records including information regarding reliability, incidents of dishonesty, insubordination, violence and/or unsafe behavior and harmful or threatening behavior.

RELEASE OF LIABILITY

I hereby release, discharge, exonerate any and all current and former employers and their agents who furnish reference information to the City of Sierra Madre from any and all liability of every nature arising out of the furnishing of information and inspection of any documents. This release shall be binding on my legal representatives, heirs and assigns.

This authorization and release will expire one (1) year after the date signed. A photocopy of this authorization and release is to be considered as valid as an original.

APPLICANT SIGNATURE _____ DATE _____

Applicant Last Name:	First Name:	MI:	Date:
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Disclosure and Waiver Outside Background Check



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 Community & Personnel Services Department
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To Comply With the Investigation Consumer Reporting Agencies Act [Cal. Civ. Code, §§ 1786.10, 1786.16]

I, _____
 have submitted a job application with the City of Sierra Madre. I am aware and acknowledge that the City of Sierra Madre may conduct a background investigation for employment purposes and obtain an investigative consumer report as part of the application process. I further acknowledge that the City of Sierra Madre’s purpose in seeking an investigative consumer report regarding me is to evaluate my qualifications and suitability for employment with the City of Sierra Madre.

I am aware that the investigative consumer report may contain information regarding **MY CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS AND MODE OF LIVING** discerned through employment and education verifications; personal references and interviews; my personal credit history based on reports from any credit bureau; my driving history, including any traffic citations; workers’ compensation records after a conditional job offer has been extended and to the extent permitted by law; a social security number trace; present and former addresses; criminal and civil history/records; and any other public record.

I am aware that the investigative consumer report will be made by Kroll Background America, Inc. (“Kroll”), 1900 Church St., Suite 300, Nashville TN 37203, 800-697-7189. I acknowledge that I have the right to request Kroll to provide me with a copy of the report and to make its files regarding me available for inspection. I understand that I may receive a written summary of my rights under 15 U.S.C. § 1681 et seq.

In connection with the job application process only, I authorize the City of Sierra Madre to procure an investigative consumer report regarding me for employment purposes. I further authorize all of my current/former employers and references to release information to the City of Sierra Madre regarding my current and past employment.

I also authorize all current and former employers and/or their agents to respond candidly to verbal and/or written inquiries from the City of Sierra Madre regarding my employment record, including but not limited to: job positions held; dates of employment; beginning and ending pay rates; disciplinary records, including any records which have been sealed as party of a settlement; reason(s) for ending prior employment; and work performance records, including information regarding reliability, incidents of dishonesty, insubordination, violence and/or unsafe behavior and harmful or threatening behavior.

I authorize any person, business entity or governmental agency that may have information relevant to the above to disclose the same to the City of Sierra Madre and Kroll, including, but not limited to, any and all courts, public agencies, law enforcement agencies and credit bureaus. I authorize the City of Sierra Madre to share such information only with parties in interest who have a “need to know” such information to protect them and their employees. Kroll does not sell or otherwise provide any of the information found in its background investigations to any party other than the City of Sierra Madre.

I agree that this disclosure and waiver shall remain valid for the duration of my employment with the City of Sierra Madre. I certify that the information contained on this Discloser and Waiver Form is true and correct and that my application or employment may be terminated based on any false, omitted or fraudulent information.

I consent to the City of Sierra Madre accessing my personnel files and authorize the City of Sierra Madre to obtain a copy of my personnel files from all of my current and former employers.

APPLICANT SIGNATURE _____ DATE _____

This authorization expires: _____

Applicant Last Name:	First Name:	MI:	Date:
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IDENTIFYING INFORMATION FOR CONSUMER REPORTING AGENCY

LAST NAME	FIRST NAME	MIDDLE NAME
OTHER NAMES USED		YEARS USED

CURRENT ADDRESS	STREET/P.O. BOX					
	CITY	STATE	ZIP CODE	COUNTY	DATES	
FORMER ADDRESS	STREET/P.O. BOX					
	CITY	STATE	ZIP CODE	COUNTY	DATES	

SOCIAL SECURITY NUMBER	DAYTIME PHONE NUMBER
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EMAIL ADDRESS	DRIVER'S LICENSE NUMBER	STATE OF ISSUANCE
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DATE OF BIRTH*	GENDER*
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ELECTION TO RECEIVE/NOT RECEIVE COPY OF INVESTIGATIVE CONSUMER REPORT

- I wish to receive a copy of any investigative consumer report that is prepared. I understand that a copy of the report will be provided to me within three (3) business days of receipt of the investigative consumer report by the City of Sierra Madre
- I do **NOT** wish to receive a copy of any investigative consumer report that is prepared.

APPLICANT NAME _____

APPLICANT SIGNATURE _____ DATE _____

Cal. Civ. Code, § 1786.16, subd. (b)(1):

For California residents: Under § 1786.22 of the California Civil Code, you may view the file maintained on you by Kroll. You may also obtain a copy of this file, upon submitting proper identification and paying the costs of duplication services, by submitting a request by mail, by appearing at Kroll's offices in person during normal business hours and on reasonable notice, or you may also receive a summary of the file by telephone after submitting a written request. Kroll has trained personnel available to explain your file to you and will provide a written explanation of any coded information. If you appear in person, you may be accompanied by one other person, provided that person furnishes proper identification. Kroll is located at 1900 Church St., Suite 300, Nashville TN 37203 and may be contacted at 800-697-7189.

*Providing a year of birth and gender is strictly voluntary. This information will enable us to properly identify you in the event we find adverse information during the course of a background search.