



# Application for Employment CITY OF WESTMORLAND

*AN EQUAL OPPORTUNITY EMPLOYER*  
355 S. CENTER ST.  
P.O. Box 699  
WESTMORLAND, CA 92281  
(760) 344-3411

## FOR OFFICE USE ONLY:

ACCEPTED  DATE NOTICE MAILED:  
REJECTED  DATE NOTICE MAILED:  
EXPERIENCE  
EDUCATION  
OTHER

### INSTRUCTIONS:

1. PLEASE TYPE OR PRINT CLEARLY IN INK.
2. Answer ALL questions completely and accurately
3. Incomplete or illegible applications will not be considered
4. Incorrect or false statements are cause for rejection or dismissal
5. Be specific when listing information, which meets the job requirements.

### From what source did you learn of this position?

Personal Inquiry at City Hall   
Newspaper  (Name):  
Job Bulletin  (Where?):  
City Website [www.cityofwestmorland.net](http://www.cityofwestmorland.net)   
Other  (Describe):

APPLICATION FOR: (Please give exact position title)

TELEPHONE NUMBERS:

Home: ( ) - Work: ( ) -

APPLICANT'S FULL NAME:

FIRST LAST MI

PRESENT ADDRESS:

STREET CITY STATE ZIP CODE

SOCIAL SECURITY NUMBER:

CAN YOU SUBMIT PROOF OF U.S. CITIZENSHIP OR PROOF OF RESIDENT ALIEN STATUS IF SELECTED FOR HIRE?  
YES  NO

IF THIS JOB REQUIRES A DRIVER'S LICENSE, DO YOU HAVE A VALID CALIFORNIA DRIVER'S LICENSE?  
YES  NO

NUMBER CLASS

HAVE YOU EVER WORKED FOR THE CITY OF WESTMORLAND?

YES  NO  If YES, in what department?

DO YOU HAVE ANY RELATIVES CURRENTLY EMPLOYED BY THE CITY OF WESTMORLAND?

YES  NO  If YES, give name, department and relationship:

PERSON TO NOTIFY IN CASE OF AN EMERGENCY:

NAME ADDRESS TELEPHONE NUMBER

PLEASE LIST ANY MACHINES OR EQUIPMENT YOU CAN OPERATE RELATED TO THIS POSITION:

DO YOU HAVE ANY SPECIAL EXPERIENCES, SKILLS OR QUALIFICATIONS WHICH YOU BELIEVE WOULD ESPECIALLY CONTRIBUTE TO THE POSITION APPLIED FOR?

DO YOU CLAIM VETERAN'S CREDIT FOR WARTIME (12/7/41 to 12/31/46; 6/27/50 to 1/31/55; 8/5/64 to 5/7/75; or 8/2/90 to 4/10/91) SERVICE?

YES  NO  If YES, give SERIAL NUMBER \_\_\_\_\_ BRANCH \_\_\_\_\_

DATES OF ACTIVE SERVICE \_\_\_\_\_ TO \_\_\_\_\_ YOU MUST PROVIDE A COPY OF DISCHARGE PAPERS (DD214)

**FOR POLICE OFFICER POSITIONS ONLY:**

ARE YOU AT LEAST 20 ½ YEARS OLD? YES  NO

ARE YOU A CITIZEN OF THE UNITED STATES OF AMERICA? YES  NO

**EDUCATION AND EXPERIENCE**

*Please read the qualifications section on the Employment Opportunity Bulletin before filling out this section.*

**EDUCATION**

Highest level of education completed:

High School Graduate?

YES  NO

Passed High School Equivalency Test (G.E.D.)?

YES  NO

| Name and Location (City, State) of College or University, Business Correspondence, Trade or Service Schools | Field of Study (Major) | Completed      |               | DEGREE (Indicate type) |
|---|------------------------|----------------|---------------|------------------------|
|   |                        | Semester Units | Quarter Units |                        |
|   |                        |                |               |                        |
|   |                        |                |               |                        |
|   |                        |                |               |                        |
|   |                        |                |               |                        |
|   |                        |                |               |                        |

List any of your licenses, credentials, or certificates that are relevant to the position you are applying for:

## EXPERIENCE

**WORK HISTORY:** Read the experience requirements of the job bulletin before completing this section. BEGINNING WITH YOUR MOST RECENT JOB, list ALL jobs for at least the past ten years. List separately each position held, even with the same employer. Include ALL experience that may help to qualify you for the position you are applying for. List and explain any periods of unemployment where indicated. If you need more space, attach a separate sheet. Unless otherwise advised, a resume will NOT be accepted in lieu of this completed section. BE SURE TO SIGN AND DATE YOUR APPLICATION. Failure to complete this section in its entirety may result in rejection of your application.

|  |   |   |                                     |
|--|---|---|-------------------------------------|
| Employed FROM:<br>TO:<br>TOTAL:    YRS.    MOS | Title of Your Position:                                       | Number of hours worked per week:  | Number of employees you supervised: |
| Employer:                                      | Duties of Your Position:                                      |   |                                     |
| Address:                                       |   |   |                                     |
| Telephone Number:<br>(    ) -    -             |   |   |                                     |
| Supervisor's Name:                             | Reason for leaving or wanting to leave if presently employed: | Salary: \$            per<br>Month <input type="checkbox"/> Week <input type="checkbox"/> Hour <input type="checkbox"/> |                                     |

|   |                          |   |                                     |
|---|--------------------------|---|-------------------------------------|
| Currently Employed? YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, may we contact your present employer? YES <input type="checkbox"/> NO <input type="checkbox"/> |                          |   |                                     |
| Employed FROM:<br>TO:<br>TOTAL:    YRS.    MOS  | Title of Your Position:  | Number of hours worked per week:  | Number of employees you supervised: |
| Employer:   | Duties of Your Position: |   |                                     |
| Address:  |                          |   |                                     |
| Telephone Number:<br>(    ) -    -  |                          |   |                                     |
| Supervisor's Name:  | Reason for leaving:      | Salary: \$            per<br>Month <input type="checkbox"/> Week <input type="checkbox"/> Hour <input type="checkbox"/> |                                     |

|  |                          |   |                                     |
|--|--------------------------|---|-------------------------------------|
| Employed FROM:<br>TO:<br>TOTAL:    YRS.    MOS | Title of Your Position:  | Number of hours worked per week:  | Number of employees you supervised: |
| Employer:                                      | Duties of Your Position: |   |                                     |
| Address:                                       |                          |   |                                     |
| Telephone Number:<br>(    ) -    -             |                          |   |                                     |
| Supervisor's Name:                             | Reason for leaving:      | Salary: \$            per<br>Month <input type="checkbox"/> Week <input type="checkbox"/> Hour <input type="checkbox"/> |                                     |

|  |                          |   |  |
|--|--------------------------|---|--|
| Employed FROM:<br>TO:<br>TOTAL:      YRS.      MOS | Title of Your Position:  | Number of hours<br>worked per week:   | Number of employees you<br>supervised: |
| Employer:  | Duties of Your Position: |   |  |
| Address:   |                          |   |  |
| Telephone Number:<br>(    ) -                      |                          |   |  |
| Supervisor's Name:                                 | Reason for leaving:      | Salary: \$            per<br>Month <input type="checkbox"/> Week <input type="checkbox"/> Hour <input type="checkbox"/> |  |

Please list and explain any periods of unemployment:

**CERTIFICATION:**

I hereby certify that all statements made in this application are true and complete, and that any misstatements of material facts may result in my disqualification or dismissal. I further authorize the investigation into all statements and information provided on this application form, if I am considered for employment.  
**CONDITIONS OF EMPLOYMENT:** Prior to appointment, all applicants must provide proof of the legal right to work in the United States. **Public safety applicants** will be required to provide proof of age. All appointees and certain applicants will be fingerprinted to check conviction record. A physical examination shall be conducted as a condition prior to final appointment.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

WERE YOU EVER DISCHARGED, REJECTED DURING PROBATION OR HAVE YOU RESIGNED UNDER PRESSURE OR UNFAVORABLE CIRCUMSTANCES FROM ANY EMPLOYMENT:

YES  NO  If YES, please explain:

A. HAVE YOU EVER BEEN CONVICTED BY ANY COURT OF ANY OFFENSE? YES  NO  If YES, please explain below

*YOU MAY ONLY OMIT: (1) Traffic violations for which the fine imposed was \$30 or less. (2) Any offense which was finally adjudicated in a Juvenile Court or under the Youth Offender Law. (3) Any incident that has been sealed under Welfare and Institutions Code Section 781 or Section 1203.45. (4) Convictions for certain marijuana offenses that are more than two years old, pursuant to Labor Code Section 432.8*

B. HAS YOUR DRIVER'S LICENSE EVER BEEN SUSPENDED OR REVOKED? YES  NO  If YES, please explain below

If your answer to A or B is YES, list all offenses, giving date, location, nature, and disposition for each. Use additional sheets if necessary.



City Hall      355 S. Center Street      Westmorland,      CA      92281  
Telephone (760) 344-3411

---

**RECORD INQUIRY WAIVER**

“I hereby authorize any former employer, its employees and representative, or any person listed as a reference to provide all relevant information regarding my employment and job performance to the City of Westmorland, and any of its employees, representatives, and agents. This information may be provided either verbally or in writing.

In addition to authorizing the release of all information regarding my employment which is relevant to an evaluation of my qualifications for employment, I hereby waive any rights or claims I have or may have, past, present, or future, known or unknown, against any former employer, its employees and representatives, or former educational institution from all liability, claims, or damages that may directly or indirectly result from the use, disclosure, or release of such information by said person or party, whether or not such information is favorable or unfavorable to me. I also agree that a photographic copy of this waiver is as valid as the original.”

**Applicant’s Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Position Applied for:** \_\_\_\_\_

Visit the City of Westmorland Web Site at: [www.cityofwestmorland.net](http://www.cityofwestmorland.net)

# CITY OF WESTMORLAND APPLICANT IDENTIFICATION FORM

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Position Applied for: \_\_\_\_\_

In order to comply with the federal government reporting requirements, the City requests your voluntary cooperation in supplying the following information. ***THIS INFORMATION IS NOT PART OF THE EXAMINATION PROCESS.*** This form will be detached from your application package and used for statistical reporting purpose only.

SEX:            *Female*        *Male*           

|                          |  |  |
|--------------------------|--|--|
| <b>RACE (Ethnicity):</b> |  | <b><i>White:</i></b> All persons having origins in any of the original peoples of Europe, North Africa, the Middle East, or the Indian Subcontinent.         |
|                          |  | <b><i>Black:</i></b> All persons having origins in any of the Black racial groups (not of Hispanic origin).  |
|                          |  | <b><i>Hispanic:</i></b> All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.      |
|                          |  | <b><i>Asian or Pacific Islanders:</i></b> All persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Pacific Islands. |
|                          |  | <b><i>American Indian or Alaskan Native:</i></b> All persons having origins in any of the original peoples of North America.                                 |

**DISABILITY IDENTIFICATION:**

|                          |  |
|--------------------------|--|
| <input type="checkbox"/> | <b><i>Not disabled</i></b>   |
| <input type="checkbox"/> | <b><i>Disabled Individual:</i></b> An individual who (1) has a physical or mental impairment which substantially limits one or more of the person’s major life activities, (2) has a record of such impairment, or (3) is regarded as having such an impairment. |
| <input type="checkbox"/> | <b><i>Disabled Veteran:</i></b> A veteran who (1) is entitled to compensation under laws administered by the Veteran’s Administration, or (2) was discharged or released from active duty due to a service-connected disability                                  |

**SPECIAL ACCOMMODATIONS:** If you checked one of the boxes above indicating a disability, *and* you require special accommodations to participate in the examination process, please contact Human Resources directly.

**CERTIFICATION:**

I hereby certify that all statements made in this application are true and complete, and that any misstatements of material facts may result in my disqualification or dismissal. I further authorize the investigation into all statements and information provided on this application form, if I am considered for employment.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_