



# CITY OF WESTMORLAND EMPLOYMENT APPLICATION

355 South Center Street, P.O. Box 699, Westmorland, CA 92281  
(760)344-3411

**RESUME NOT ACCEPTED IN LIEU OF APPLICATION. FAILURE TO COMPLETE ALL ITEMS ON THIS APPLICATION WILL RESULT IN YOUR ELIMINATION FROM THE RECRUITMENT PROCESS.**

**NOTE:** Applications are not accepted unless position is open for recruitment with the City.

A copy of the City’s Job/Grade Classification and Salary Schedule for all positions is available in the City’s website.

**POSITION APPLIED FOR:** \_\_\_\_\_  
(Give the exact title as listed on the job announcement)

**PERSONAL INFORMATION:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name or Initial: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

How did you hear about this position?  
\_\_\_\_\_

List any other name(s) you may have used while working?  
\_\_\_\_\_

**OTHER INFORMATION (Answer all questions and explain “Yes” answers in space provided)**

Have you previously been employed by the City? Yes \_\_\_ No \_\_\_

If yes, list positions and dates:  
\_\_\_\_\_

Are you related to any employee and/or elected official of the City? Yes \_\_\_ No \_\_\_

If yes, list names and relationship:  
\_\_\_\_\_

Prior to employment, each new employee of the City of Westmorland must sign the Oath of Allegiance required of all public employees by Section 3 Article XX of the Constitution of the State of California. Is there any reason why you cannot sign this Oath of Allegiance? Yes \_\_\_ No \_\_\_

If yes, please explain:  
\_\_\_\_\_

Do you possess a valid California driver's license? Yes \_\_\_ No \_\_\_ Class A \_\_\_ B \_\_\_ C \_\_\_ M \_\_\_

Are you fluent in any language in addition to English? Yes \_\_\_ No \_\_\_  
If yes, please specify:

Language(s) \_\_\_\_\_

Understand \_\_\_\_\_ Speak \_\_\_\_\_ Write \_\_\_\_\_ Read \_\_\_\_\_

**EDUCATIONAL INFORMATION:**

Do you possess a high school diploma or equivalent? Yes \_\_\_ No \_\_\_

In order for the City to consider the education listed below as part of your qualifications for the position you are applying for, you must attach a copy of your college transcript (from an accredited institution), degree, license, certificate or diploma with your application. In addition, foreign degrees must have U.S. equivalent report. Failure to include this information may result in your application being disqualified.

Name of High School, College, University, Vocational School or Institute	Major or Course of Study	Years Completed	# Units Completed	Name of Degree	Date of Degree or Completed Units

**List of all Professional Registrations, Licenses or Certificates, Membership in Professional Organizations:**


**EMPLOYMENT HISTORY:**

List your complete employment history for the last ten (10) years beginning with your most recent employment. List all experience, paid or voluntary, related to the position. Resumes will NOT be accepted in lieu of a completed application. Resumes will only be reviewed if they supplement the information provided in the spaces. Additional sheets can be added if needed.

<b>Dates Employed</b> <b>From:</b> _____ <b>To:</b> _____ <b>Total Years/Months:</b> _____ <b>Hours Per Week:</b> _____ <b>May we contact your current Employer?</b> Yes ___ No ___	<b>NAME OF EMPLOYER:</b> _____ <b>ADDRESS:</b> _____ <b>PHONE NUMBER:</b> _____ <b>JOB TITLE:</b> _____ <b>DUTIES:</b> _____ _____ _____ _____ <b>SUPERVISOR'S NAME/TITLE:</b> _____ <b>REASON FOR LEAVING:</b> _____
<b>Dates Employed</b> <b>From:</b> _____ <b>To:</b> _____ <b>Total Years/Months:</b> _____ <b>Hours Per Week:</b> _____ <b>May we contact your current Employer?</b> Yes ___ No ___	<b>NAME OF EMPLOYER:</b> _____ <b>ADDRESS:</b> _____ <b>PHONE NUMBER:</b> _____ <b>JOB TITLE:</b> _____ <b>DUTIES:</b> _____ _____ _____ _____ <b>SUPERVISOR'S NAME/TITLE:</b> _____ <b>REASON FOR LEAVING:</b> _____
<b>Dates Employed</b> <b>From:</b> _____ <b>To:</b> _____ <b>Total Years/Months:</b> _____ <b>Hours Per Week:</b> _____ <b>May we contact your current Employer?</b> Yes ___ No ___	<b>NAME OF EMPLOYER:</b> _____ <b>ADDRESS:</b> _____ <b>PHONE NUMBER:</b> _____ <b>JOB TITLE:</b> _____ <b>DUTIES:</b> _____ _____ _____ _____ <b>SUPERVISOR'S NAME/TITLE:</b> _____ <b>REASON FOR LEAVING:</b> _____
<b>Dates Employed</b> <b>From:</b> _____ <b>To:</b> _____ <b>Total Years/Months:</b> _____ <b>Hours Per Week:</b> _____ <b>May we contact your current Employer?</b> Yes ___ No ___	<b>NAME OF EMPLOYER:</b> _____ <b>ADDRESS:</b> _____ <b>PHONE NUMBER:</b> _____ <b>JOB TITLE:</b> _____ <b>DUTIES:</b> _____ _____ _____ _____ <b>SUPERVISOR'S NAME/TITLE:</b> _____ <b>REASON FOR LEAVING:</b> _____

**IMPORTANT NOTICE REGARDING EMPLOYMENT:**

At time of hire, City employees must meet the documentation requirements of Immigration Reform and Control Act of 1986. Employment with the City of Westmorland doe not occur until the Appointing Authority and the Director of Human Resources sign and file a formal document appointing the applicant a job position following successful completion of all employment, including a medical evaluation. For certain “sensitive” positions, the medical evaluation will include testing for drugs and alcohol. Any information obtained after a conditional offer is made but before the formal document is filed may also constitute grounds for withdrawal of the conditional offer.

**APPLICANT CONSENT AND RELEASE FORM (READ CAREFULLY BEFORE SIGNING):**

I hereby certify that all statements made in this application are true, and I agree and understand that any misstatements of material facts herein will cause forfeiture on my part of any employment in the service of the City of Westmorland. I further agree to submit to a complete medical examination and, upon employment, to furnish such proof of identification and legal right to work in the United States may be required. I also understand that once hired I may be required to provide proof of my birth date. All statements made in this application may be verified, including checks of police records and former employers.

I request, authorize and consent to the release of information to the City of Westmorland, regarding my previous employment and authorize all past employers or agents that they may designate, to respond to oral or written inquires from the City of Westmorland regarding my employment record, including but not limited to, positions held, dates of employment, work performance, disciplinary records, reliability, and any incidents of dishonest, insubordination, violence, and/or unsafe harmful, or threatening behavior. I agree to release and discharge the City of Westmorland and all past, and their respective officers, agents, and employees, from any and all claims, demands, damages, and all other liabilities arising out of, or as result of any oral or written inquiry or any information provided or released, by the City of Westmorland.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**SUBMITTING YOUR APPLICATION:**

<p><b>Please submit your application no later than 5:00 pm on deadline posted in the job announcement. We will not accept postmarks.</b></p> <p><b>Applications are accepted via mail or in person at the located at:</b></p> <p><b>CITY OF WESTMORLAND</b></p> <p><b>355 South Center Street</b></p> <p><b>Westmorland, CA 92281</b></p>	<p><b>DEPARTMENT</b></p> <p><b>USE ONLY</b></p> <p><b>STAMPED RECEIVED</b></p>
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