

Employment History: List your work for the last **10 years**. Begin with your most recent or current position. If jobs held prior to 10 years ago relate to the position applied for, list these also. Include self-employed and U.S. Military service. Describe the work you did as completely as possible. List each promotion separately. Explain any gaps between employment periods. If more space is needed, use a separate sheet **prepared in the same format** and attach securely. Include volunteer work if it applied to position for which you are applying.

From: _____ To: _____ Month/Year Month/Year Employer Name & Address: _____ _____ Supervisor Name & Title: _____ _____ Telephone: _____	Job Title: _____ Duties: _____ _____ Reason for leaving or wanting to leave: _____ _____ Monthly Salary: Lowest \$ Highest \$ Hours per Week:
From: _____ To: _____ Month/Year Month/Year Employer Name & Address: _____ _____ Supervisor Name & Title: _____ _____ Telephone: _____	Job Title: _____ Duties: _____ _____ Reason for leaving: _____ _____ Monthly Salary: Lowest \$ Highest \$ Hours per Week:
From: _____ To: _____ Month/Year Month/Year Employer Name & Address: _____ _____ Supervisor Name & Title: _____ _____ Telephone: _____	Job Title: _____ Duties: _____ _____ Reason for leaving: _____ _____ Monthly Salary: Lowest \$ Highest \$ Hours per Week:
From: _____ To: _____ Month/Year Month/Year Employer Name & Address: _____ _____ Supervisor Name & Title: _____ _____ Telephone: _____	Job Title: _____ Duties: _____ _____ Reason for leaving: _____ _____ Monthly Salary: Lowest \$ Highest \$ Hours per Week:

READ VERY CAREFULLY

I DECLARE UNDER PENALTY OF PERJURY THAT ALL ANSWERS AND STATEMENTS IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT UNTRUTHFULNESS OR MISLEADING ANSWERS ARE CAUSE FOR REJECTION OF THIS APPLICATION, REMOVAL FROM AN ELIGIBLE LIST OR DISMISSAL FROM CITY EMPLOYMENT.

I CERTIFY THAT I HAVE READ AND MEET THE SPECIFIC REQUIREMENTS LISTED ON THE ANNOUNCEMENT FOR THIS POSITION. I UNDERSTAND THAT I MAY BE REQUESTED TO SUBMIT PROOF OF QUALIFICATION AT A LATER DATE. IF UPON CHECKING THESE, YOU DETERMINE THAT I DO NOT MEET SPECIFIC REQUIREMENTS, I UNDERSTAND THAT I WILL BE DISQUALIFIED.

I UNDERSTAND THAT THE CITY OF HESPERIA MAY WISH TO VERIFY THE ACCURACY OF THE INFORMATION CONTAINED IN MY APPLICATION. IF I AM A FINALIST FOR THIS POSITION, I HEREBY AUTHORIZE THE DEPUTY HUMAN RESOURCES/RISK MANAGEMENT DIRECTOR OF THE CITY OF HESPERIA TO OBTAIN INFORMATION REGARDING MY REFERENCES, EDUCATION OR TRAINING, PRIOR EMPLOYMENT, AND CRIMINAL HISTORY INCLUDING DRIVING RECORD. I UNDERSTAND THAT THE CITY OF HESPERIA HAS A RIGHT TO OBTAIN ANY CRIMINAL HISTORY INFORMATION. ALL CANDIDATES WILL BE FINGERPRINTED FOR THE PURPOSE OF A CONFIDENTIAL BACKGROUND INVESTIGATION, AND WILL BE REQUIRED TO TAKE AND PASS A DRUG AND PHYSICAL TEST PRIOR TO AN EMPLOYMENT OFFER.

APPLICANT ORIGINAL SIGNATURE _____ DATE _____

CONFIDENTIAL INFORMATION

Name: _____ Position: _____

The following must be filled out completely for your application to be considered.

SECTION A: TRAFFIC CITATIONS

Do you hold a valid driver's license? Yes No

Driver's License Number _____ State _____ Expiration Date _____ Class _____

Have you had any traffic violations (other than parking) in the last seven (7) years? Yes No

List below all court convictions for minor traffic violations (signals, turns, stop signs, etc. excluding those where the fine or bail was \$35 or less) and all major violations (drunk driving, hit & run, reckless driving, etc.) which occurred during the last seven (7) years. If additional space is needed, use a separate sheet prepared in the same format and attach securely.

If any of these violations resulted in a court conviction (arrest, incarceration, fine, probation, etc.) please go to Section B below and list, even if conviction occurred in excess of seven (7) years.

Violation	Date	Place	Sentence/Fine
Violation	Date	Place	Sentence/Fine
Violation	Date	Place	Sentence/Fine
Violation	Date	Place	Sentence/Fine

SECTION B: CONVICTION RECORD

The City will not deny employment to any applicant solely because the person has been convicted of a crime. The City, however, may consider the nature, date and circumstances of the offense as well as whether the offense is relevant to the duties of the position.

Have you ever been convicted, including a plea of guilty or no contest, which resulted in a criminal conviction of a crime? Yes No

IF YES, briefly describe below the nature of the crime(s), the date and place of conviction(s) and the case number and legal disposition of the case(s). If additional space is needed, use a separate sheet prepared in the same format and attach securely.

Exclude misdemeanor conviction(s) for marijuana-related offense(s) more than two (2) years old, as of the date you complete this application, for violation of Health and Safety Code Sections 11357, 11360, 11365, or 11550 - related to marijuana statutes prior to January 1, 1976 or a statutory predecessor.

Nature of Crime	Date	Place	Case Number/Legal Disposition
Nature of Crime	Date	Place	Case Number/Legal Disposition
Nature of Crime	Date	Place	Case Number/Legal Disposition
Nature of Crime	Date	Place	Case Number/Legal Disposition

APPLICANT DATA COLLECTION FORM

As an Equal Opportunity Employer, the City of Hesperia is required to submit periodic reports regarding applicants and current employees. To aid the City of Hesperia in its commitment of Equal Opportunity Employment and in order to collect accurate information, we ask your cooperation in completing this form. You are, however, under no obligation to do so and your response will not affect your employment application in any way. Prior to review of the employment application, the Applicant Data Collection Form will be removed and retained separately. Any information you volunteer will be kept confidential and will be utilized for statistical purposes only.

1. Please check one: Female Male
2. Please check one: Under 40 40 or Over
3. Did you graduate? Yes No If, "No", received GED? 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.)

DISABLED STATUS - Any person who has, is regarded as having, or has a record of having a physical or mental impairment, which substantially limits one, or more major life activities, may be eligible for reasonable accommodation as defined by the American with Disabilities Act.

Do you have a physical disability or impairment? Yes No

If yes, please describe _____

I FIRST LEARNED OF THIS JOB OPENING THROUGH (Check one only):

<input type="checkbox"/> A friend or relative	<input type="checkbox"/> Received notification by mail (job flyer)
<input type="checkbox"/> Visit to the City of Hesperia's Human Resources Division	<input type="checkbox"/> Advertisement (newspaper, publication, television or radio), specify which:
<input type="checkbox"/> Job Line	<input type="checkbox"/> Referral from an organization or group, specify which:
<input type="checkbox"/> Website/Internet	<input type="checkbox"/> Other, specify:

THE AMERICANS WITH DISABILITIES ACT

In accordance with the requirements of Title II of the Americans with Disabilities Act of 1990 ("ADA"), the City of Hesperia will not discriminate against qualified individuals with disabilities on the basis of disability in its services, programs, or activities.

Anyone who requires an auxiliary aid or service for effective communication, or a modification of policies or procedures to participate in a program, service, or activity of the City of Hesperia, should contact the office of **Berta Barocio-Sullivan, Deputy Human Resources/Risk Management Director at 760-947-1837 or 760-947-1126** as soon as possible, but no later than 48 hours before the scheduled event.

The ADA does not require the City of Hesperia to take any action that would fundamentally alter the nature of its programs or services, or impose an undue financial or administrative burden.

Any complaints that a program, service, or activity of the City of Hesperia is not accessible to persons with disabilities should be directed to **Berta Barocio-Sullivan, Deputy Director Human Resources/Risk Management Director at 760-947-1837 or 760-947-1126**. The City of Hesperia will not place a surcharge on a particular individual with a disability or any group of individuals with disabilities to cover the cost of providing auxiliary aids/services or reasonable modifications of policy. This may include retrieving items from locations that are open to the public, but are not accessible to persons who use wheelchairs.

For a complete version of the City of Hesperia's ADA Title II policy, please visit our website at <http://www.cityofhesperia.us/article.cfm?=507>.