



CITY HALL

4305 SANTA FE AVENUE, VERNON, CALIFORNIA 90058
(323) 583-8811

AT-WILL EMPLOYMENT
NON-CIVIL SERVICE
APPLICATION
FOR EMPLOYMENT

INSTRUCTIONS: A. PLEASE PRINT CLEARLY IN INK OR TYPE. B. ANSWER QUESTIONS COMPLETELY AND ACCURATELY. C. INCORRECT OR FALSE STATEMENTS ARE CAUSE FOR REJECTION OR DISMISSAL.

FROM WHAT SOURCE DID YOU LEARN OF THIS POSITION? NEWSPAPER PERSONAL INQUIRY JOB BULLETIN OTHER:

APPLICATION FOR: (PLEASE GIVE EXACT TITLE)

SOCIAL SECURITY NO.
(OPTIONAL)

FULL NAME:

TELEPHONE:
HOME:

LAST

FIRST

MIDDLE

OTHER NAMES USED

()

PRESENT ADDRESS:

OFFICE:

STREET

CITY

STATE

ZIP CODE

()

WILL YOU ACCEPT TEMPORARY WORK? YES NO

MINIMUM SALARY ACCEPTABLE

DO YOU HAVE A VALID CALIFORNIA
DRIVER'S LICENSE? YES NO
NUMBER:

WILL YOU ACCEPT PART TIME WORK? YES NO

ARE YOU ABLE TO PERFORM ALL OF THE JOB FUNCTIONS LISTED ON THE JOB DESCRIPTION WITH OR WITHOUT AN ACCOMMODATION. YES NO
IF NO, WHY?

CAN YOU AFTER EMPLOYMENT, SUBMIT PROOF OF U.S. CITIZENSHIP OR PROOF OF PERMANENT RESIDENT ALIEN STATUS?

YES NO

PERSON TO NOTIFY IN CASE OF EMERGENCY

NAME

ADDRESS

PHONE

HAVE YOU EVER WORKED FOR THE CITY OF VERNON? YES NO IF YES, IN WHAT DEPARTMENT?
WHEN?

THE CITY HAS A NEPOTISM POLICY WHICH MAY PRECLUDE EMPLOYMENT OF CERTAIN FAMILY MEMBERS OF CURRENT EMPLOYEES OF THE CITY, ARE YOU
RELATED TO ANY PRESENT CITY EMPLOYEE? YES NO IF YES, GIVE NAME AND RELATIONSHIP.

PERSONAL REFERENCES (LIST PERSONS NOT RELATED TO YOU).

NAME

ADDRESS

OCCUPATION

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

HAVE YOU EVER BEEN FIRED OR FORCED TO RESIGN A POSITION? YES NO IF YES, EXPLAIN:

HAVE YOU AT ANY TIME IN YOUR LIFE BEEN CONVICTED, IN OTHER THAN A JUVENILE COURT, OF A FELONY OR MISDEMEANOR OTHER THAN MINOR TRAFFIC
VIOLATIONS? YES NO A CRIMINAL RECORD DOES NOT CONSTITUTE AUTOMATIC BAR TO EMPLOYMENT, BUT WILL BE CONSIDERED IN TERMS OF THE
WORK TO BE PERFORMED. FAILURE TO DISCLOSE A CRIMINAL CONVICTION WILL RESULT IN TERMINATION. IF YES, GIVE DATE, CITY, OFFENSE AND DISPOSITION:

LICENSES OR PROFESSIONAL CERTIFICATES YOU POSSESS WHICH ARE APPLICABLE TO THIS POSITION.

TYPING SPEED _____ WPM

SHORTHAND SPEED _____ WPM

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 9 10 11 12

DID YOU RECEIVE A HIGH SCHOOL DIPLOMA OR G.E.D.? YES NO

NAME OF HIGH SCHOOL _____ CITY & STATE _____

COLLEGES, UNIVERSITIES, BUSINESS OR TRADE SCHOOLS ATTENDED WHICH ARE APPLICABLE TO THIS POSITION.					
NAME OF SCHOOL	FROM YEAR	TO YEAR	MAJOR SUBJECT OR COURSE OF STUDY	UNITS HOURS	LIST DEGREE OR CERTIFICATE RECEIVED

LIST ANY OTHER JOB RELATED COURSES OR TRAINING YOU HAVE RECEIVED.

LIST ALL JOBS YOU HAVE HELD AND PERIODS OF UNEMPLOYMENT IN THE PAST TEN YEARS. PUT YOUR PRESENT OR MOST RECENT JOB FIRST. IF ADDITIONAL SPACE IS REQUIRED, PLEASE ATTACH SHEETS AS NECESSARY. BE SURE TO SIGN AND DATE ATTACHED SHEETS.

DO YOU OBJECT TO HAVING YOUR PRESENT EMPLOYER CONTACTED? YES NO IF YES, EXPLAIN:

FROM _____ TO _____ <small>Month Year Month Year</small>	TITLE OF YOUR POSITION		
NAME AND ADDRESS OF EMPLOYER	DUTIES OF YOUR POSITION		
NAME OF SUPERVISOR	PHONE NO.		
REASON FOR LEAVING	NUMBER OF EMPLOYEES SUPERVISED (IF ANY)	SALARY\$ PER	HOURS PER WEEK
FROM _____ TO _____ <small>Month Year Month Year</small>	TITLE OF YOUR POSITION		
NAME AND ADDRESS OF EMPLOYER	DUTIES OF YOUR POSITION		
NAME OF SUPERVISOR	PHONE NO.		
REASON FOR LEAVING	NUMBER OF EMPLOYEES SUPERVISED (IF ANY)	SALARY\$ PER	HOURS PER WEEK
FROM _____ TO _____ <small>Month Year Month Year</small>	TITLE OF YOUR POSITION		
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REASON FOR LEAVING	NUMBER OF EMPLOYEES SUPERVISED (IF ANY)	SALARY\$ PER	HOURS PER WEEK
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NAME AND ADDRESS OF EMPLOYER	DUTIES OF YOUR POSITION		
NAME OF SUPERVISOR	PHONE NO.		
REASON FOR LEAVING	NUMBER OF EMPLOYEES SUPERVISED (IF ANY)	SALARY\$ PER	HOURS PER WEEK

IF EMPLOYED, WILL YOU TAKE A LOYALTY OATH OF PUBLIC OFFICERS AND EMPLOYEES? YES NO IF NO, PLEASE EXPLAIN.

This is to inform you that as part of our procedure for processing your application an investigative background report may be made through a personal interview with you and/or any third parties who may have information concerning you and/or a record search.

All offers of employment are conditioned upon the successful passing of a physical and/or psychological examination. The use of this application form does not indicate there are any positions open and does not in any way obligate the City to process your application and/or hire you. All Employment with the City of Vernon is At-Will and therefore employment with the City can be terminated by action of the City Council at any time without cause. City of Vernon does not have a Civil Service System.

CERTIFICATION: I certify that the answers given by me to the foregoing questions and statements are true and correct without consequential omissions of any kind whatsoever. I agree that the City shall not be liable in any respect if my employment is terminated because of the falsity of statements, answers or omissions made by me in this questionnaire. I authorize the companies, schools or persons named above to give any information regarding my employment or my physical condition, together with any information they may have regarding me whether or not it is in their records. I hereby release said companies, schools or persons from all liability for any damage for issuing this information.

SIGNED: _____ DATE: _____