

EMPLOYMENT APPLICATION

City of Livingston

An Equal Opportunity Employer

Human Resources Department

1416 C Street

Livingston CA 95334

Office: (209) 394-8041

www.cityoflivingston.org

APPLICATION INSTRUCTIONS

1. All applications must be completed legibly. Please type or print your application using blue or black ink. **Failure to provide any of the required information will result in the rejection of your application.** Applications that are illegible, incomplete, or unsigned will be rejected without review.
2. Print or type the **exact** title of the position in the space provided. Applications are accepted only for those positions for which the City is currently recruiting.
3. If you are applying for more than one advertised position, a separate original application is required for each job announcement.
4. Submission of the properly completed application is the first step in the examination process. Failure to meet all the requirements listed in the job announcement and the established class specification by the final filing date is cause for rejection. The information that you furnish will be used to determine your qualifications. List all relevant experience regardless of duration, including part-time, volunteer and military service. Be specific as to dates worked, hours per week, job title, key functions and tasks. Inconsistencies will not be investigated further and will not be considered.
5. Complete BOTH SIDES of the application form. Resumes and other relevant supportive documentation may be attached, but they will **not** be accepted in place of a properly completed City of Livingston application. Additional sheets using the same format as the application may be submitted as necessary to give a complete employment history, provided **all** fields are accounted for and complete.
6. It is the applicant's responsibility to insure that the application and any required certificates are on file at the personnel office no later than 5:00 p.m. on the filing date. Failure to provide the required documentation will disqualify you from consideration for this recruitment.
7. No materials submitted during the application process can be returned. Please make copies of any information you submit and wish to keep.
8. Applications may be delivered to the Personnel office up to the filing deadline. Mailed applications must be received by the final filing deadline; **postmarks will not be accepted. LATE APPLICATIONS MUST BE REJECTED.** It is the applicant's responsibility to insure that the original application and signature are received within the appropriate time frame.
9. Answer all questions completely and accurately. All information is subject to verification. False statements may be cause for rejection of the application, removal of name from eligibility list or dismissal from position.

EMPLOYMENT QUESTIONNAIRE

APPLICANT: The following information is requested by the Federal Government in order to monitor compliance with Federal laws prohibiting discrimination against applicants seeking to participate in the program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race/national origin of individual applicants on the basis of visual observation or surname.

Please indicate gender: Male Female

I consider myself to be a member of the following ethnic/racial category (check only one category):

- White, Non-Hispanic - All persons having origins in any of the peoples of Europe, North Africa or the Middle East.
- Hispanic or Latino - All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- Black or African American - All persons having origins in any of the black racial groups of Africa.
- Asian - All persons having origins in the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including for example, Cambodia, China, India, Japan, Korea, Malaysia, Perkiest and, the Philippine Islands, Thailand, and Vietnam.
- American Indian or Alaskan Native - All persons having origins in any of the original peoples of North and South America (including Central America) who maintain cultural identification through tribal affiliation or community recognition.
- Native Hawaiian or Pacific Islander - All persons having origins in the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Two or more races - All persons who identify with more than one of the above five races.
- Other, specify: _____

Title of position applying for: _____

I first learned of this job opening through (check only one):

- Contact with City Department/Employee: _____
- Newspaper/Journal (please specify): _____
- City Website
- Other Website (please specify): _____
- Friend/Relative
- Other (please specify): _____



CITY OF LIVINGSTON

Application for Employment

Return to:
City of Livingston
Human Resources
Department
 1416 C Street
 Livingston CA 95334
 Phone: (209) 394-8041
www.livingstoncity.com

| PERSONNEL USE ONLY |
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| |

PERSONAL DATA

| | | | | |
|---|---|--|---|---|
| POSITION APPLYING FOR: | | | DATE: | |
| LAST NAME: | | FIRST NAME: | | MI: |
| ADDRESS: | | | CITY: | STATE: ZIP: |
| CELL PHONE: | OTHER PHONE: | E-MAIL ADDRESS: | | |
| DRIVER'S LICENSE NUMBER: | | | | When will you be able to begin work? |
| #: | Class: | State: | Expiration Date: | |
| I am available for employment on a: | | | Available for shift: | |
| <input type="checkbox"/> Temporary Basis | <input type="checkbox"/> Part -Time Basis | <input type="checkbox"/> Full-Time Basis | <input type="checkbox"/> Day | <input type="checkbox"/> Swing <input type="checkbox"/> Night |
| Will you work overtime if asked? | | Can you travel if a job requires it? | | Are you legally eligible for employment in the United States? |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | | <input type="checkbox"/> YES <input type="checkbox"/> NO | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Are you a veteran of the U.S. military service? | | If employed & under 18, can you furnish a work permit? | | Indicate languages you speak, read &/or write: |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | | <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| Have you ever applied for employment worked for the City of Livingston? | | | Do you have any relatives currently employed by the City of Livingston? | |
| <input type="checkbox"/> YES If yes, month & year: _____ | | | <input type="checkbox"/> YES If yes, name: _____ | |
| <input type="checkbox"/> NO Position: _____ | | | <input type="checkbox"/> NO Relationship: _____ | |

EDUCATION & TRAINING

| | | | | | | | |
|---|--------------------------|--------------------------|--------------------------|---|--------------------------|--------------------------|--------------------------|
| CHECK HIGHEST GRADE COMPLETED | | | | NAME OF HIGH SCHOOL & LOCATION | | GRADUATE? | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| HIGH SCHOOL: 9 | 10 | 11 | 12 | COLLEGE: 1 | 2 | 3 | 4 |
| NAME OF COLLEGE, BUSINESS, OR TRADE SCHOOL ATTENDED | | | CITY/STATE | MAJOR/SUBJECT | UNITS COMPLETED | DEGREE(S) | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

CERTIFICATES/LICENSES: List other valid licenses and/or certificates you hold that relate to your qualifications for this position.

| CERTIFICATE/LICENSE | ISSUING AUTHORITY/STATE | CERT./LIC. # | EXPIRATION DATE |
|---------------------|-------------------------|--------------|-----------------|
| | | | |
| | | | |
| | | | |

REFERENCES

| Give three references that are not related to you and are not a previous employer | | | | |
|---|---------|--------------|-------------|------------------|
| NAME | ADDRESS | RELATIONSHIP | YEARS KNOWN | TELEPHONE NUMBER |
| | | | | |
| | | | | |
| | | | | |

EMPLOYMENT HISTORY

Show your present job first, then list all other jobs in order, working down from most recent. Use a separate block for each job title held even if held within the same organization. Show experience for the past 10 years and also earlier experience which may pertain to the position for which you are applying. Use additional sheets if necessary. List any job related volunteer experience you may have had. If hours worked per week varied, give average. RESUMES WILL NOT BE ACCEPTED IN LEIU OF THE REQUIREMENTS OF THIS SECTION. However, a resume may be added.

| | | | |
|-------------------------|-------------------|--|-------------|
| EMPLOYER'S NAME: | | START DATE: | FINAL DATE: |
| TITLE OF YOUR POSITION: | TELEPHONE NUMBER: | SUPERVISOR: | |
| ADDRESS OF EMPLOYER: | | REASON FOR LEAVING: | |
| HOURS PER WEEK: | | MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| DESCRIBE YOUR DUTIES: | | | |
| EMPLOYER'S NAME: | | START DATE: | FINAL DATE: |
| TITLE OF YOUR POSITION: | TELEPHONE NUMBER: | SUPERVISOR: | |
| ADDRESS OF EMPLOYER: | | REASON FOR LEAVING: | |
| HOURS PER WEEK: | | MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| DESCRIBE YOUR DUTIES: | | | |
| EMPLOYER'S NAME: | | START DATE: | FINAL DATE: |
| TITLE OF YOUR POSITION: | TELEPHONE NUMBER: | SUPERVISOR: | |
| ADDRESS OF EMPLOYER: | | REASON FOR LEAVING: | |
| HOURS PER WEEK: | | MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| DESCRIBE YOUR DUTIES: | | | |

Read Carefully Before Signing

Certificate of Applicant: I hereby certify that all statements made on or in connection with this application are true. I understand and agree that any misstatements or omission of material facts may cause forfeiture of my eligibility by the City of Livingston. By signing this application I authorize the City to complete any background check necessary for employment. I understand that this application is not intended to be contract of employment.

Date: _____

Signature: _____