CITY OF ROCKLIN



are proficient.

3970 Rocklin Road, Rocklin, California 95677 **Telephone**: (916) 625-5050 **Fax**: (916) 625-5099 **Jobline**: (916) 625-5060

www.rocklin.ca.us

EMPLOYMENT APPLICATION

An Equal Opportunity/Affirmative Action Employer

READ THE FOLLOWING INSTRUCTIONS AND APPLICABLE JOB ANNOUNCEMENT CAREFULLY BEFORE COMPLETING THIS

APPLICATION: Type or neatly print your application in black or blue ink. All sections MUST be answered completely and accurately. An incomplete application may disqualify you. Applicants must meet all qualifications for the position by the application deadline unless otherwise specified in the job announcement.

specified in the Job announcement.				
PERSONAL INFORMATION				
EXACT TITLE OF POSITION:				
NAME:	<u>-</u>			
Last	First	Middle		
MAILING ADDRESS:		State	Zip	
EMAIL ADDRESS:	,	State	Σιρ	
EMAIL ADDRESS:WOR	K PHONE:M	ESSAGE PHONE:		
Do you possess a valid driver's license (May be	e required for position)?		□ Yes	□ No
Are you a U.S. Citizen?			□ Yes	□ No
If not, do you have the legal right to rem	ain permanently in the U.S.?		□ Yes	□ No
Will you accept: PART-TIME WORK? □ Ye	s 🗖 No TEMPORARY WORK? 🗖	Yes □ No		
Do you claim Veteran's Preference? (Not give Attach non-returnable copy of DD-214 if NOTE: There are specific criteria that must City of Rocklin's VETERAN'S PREFERENCE GUII	claiming Veteran's Preference. be met to qualify for Veteran's Preferen		□ Yes	□ No
Do you currently work for a CalPERS employe	r (i.e. City or State Agency)?		□ Yes	□ No
Do you have service credit in the California Pu		□ Yes	□ No	
EDUCATION/TRAINING/SPECIAL QUALIFI	CATIONS			
Submit verification of your college educati		or transcripts with	application	า.
Education equivalent to the completion of the	e 12 th grade? □ Yes □ No			
College/University/Trade School or Special Training	Course of Study/Major	Type of Deg	ree or Certi	ificate
Certificates of Training, Licenses, or Professio	nal Registration (include date issued	and registration n	umber if ap	plicable):
	- Distriction (metallic latter latter)	O		<u> </u>
Describe any job related skills, knowledge or	special training you may possess. Ir	clude software pr	ograms in v	vhich you

EMPLOYMENT HISTORY/WORK EXPERIENCE

DO NOT INDICATE "SEE RESUME." This section must be completed even if supplemented by a resume. List all jobs in the last 10 years. Be specific in describing your duties. Be sure to list change in title or promotion separately. If qualifying experience is part-time or voluntary, list the number of hours per week spent performing the work. Qualifying experience is based on 40 hours per week (prorated if less than 40 hours/week). Give specifics on the experience that you believe meets the entrance requirements for the position for which you are applying. Go back more than 10 years if necessary. Attach additional copies of this page if necessary. Begin with your present job and work backwards. Account for periods of unemployment in excess of 90 days.

.ddress:				
Street Kact Title of Position:	City	to	State	Zip Code
ours Worked Per Week: Supervisor Na	ame/Title/Phone Number:			
outies and Responsibilities:				
occon for Loguing.				
eason for Leaving:				
resent or Most Current Employer:				
ddress:			State	Zin Code
ddress:	City		State	Zip Code
Street xact Title of Position:	City	to	-	,
Street xact Title of Position:	City Employed from:	to	-	,
Street xact Title of Position:Supervisor Na	City Employed from:	to	-	,
ddress:	City Employed from:	to	-	,
ddress:	City Employed from:	to	-	,
ddress:	City Employed from:	to	-	,
Street xact Title of Position: Supervisor Na uties and Responsibilities:	City Employed from: ame/Title/Phone Number:	to	-	,
Street Kact Title of Position: Supervisor Na Ours Worked Per Week: Supervisor Na uties and Responsibilities:	City Employed from:	to	-	,
Street xact Title of Position: Jours Worked Per Week: Juties and Responsibilities: eason for Leaving:	City Employed from: ame/Title/Phone Number:	to		,
Street xact Title of Position: Lours Worked Per Week: Outies and Responsibilities: Leason for Leaving: Leasent or Most Current Employer:	City Employed from: ame/Title/Phone Number:	to		,
Street xact Title of Position: Lours Worked Per Week: Duties and Responsibilities: Leason for Leaving: Leason for Most Current Employer: Street	City Employed from: ame/Title/Phone Number:	to	State	,
street xact Title of Position: Lours Worked Per Week: Lours and Responsibilities: eason for Leaving: resent or Most Current Employer: Street xact Title of Position:	City Employed from: ame/Title/Phone Number: City City Employed from:	to	State	
street xact Title of Position: ours Worked Per Week: uties and Responsibilities: eason for Leaving: resent or Most Current Employer: ddress: Street xact Title of Position:	City Employed from: ame/Title/Phone Number:	to	State	

DISC	CLOSURE				
	our answer is Yes to either of the following questions, please give details in the space provi tional sheets if necessary.	ided	l below	ι. Α [.]	ttach
r e 7 <i>L</i>	Have you ever been convicted of any offense other than minor traffic violations? NOTE: DRUNK, RECKLESS OR HIT-RUN DRIVING ARE NOT MINOR VIOLATIONS. CONVICTIONS ARE EVALUATED FOR EACH POSITION AND ARE NOT NECESSARILY DISQUALIFYING. The California Fair Employment and Housing Commission prohibits asking applicants about convictions that have been sealed, expunged or legally eradicated, or misdemeanor convictions for which probation was completed and the case was dismissed.		Yes		No
I	Have you ever been terminated or asked to resign from a position? If yes, give name and address of employer, date of occurrence, and the reason. CITE ALL SUCH CASES.		Yes		No
RELE	EASE/CERTIFICATION				
exan U.S. psyc	are date of hire, applicant will be required to provide social security number, be fingerpring in the includes drug screening, and submit proof of U.S. Citizenship or legal right to remake Applicants may also be required to submit proof of age and undergo a background challed hological evaluation. Applicants who fail the pre-employment drug screening will not be alloyment with the City of Rocklin for one year from the date of the drug screening.	nain neck	and we	ork i ossil	n the
infor and writt	reby give permission to the City of Rocklin, its officers, agents, and employees to seek to verify rmation set forth in the employment application for the position of	ion,	wheth	er o	ral o
All ir	nformation furnished is deemed strictly confidential and shall be available to no person othe onnel of this City. I understand that I am not entitled to and will not have access to any information.			_	ment
resu Any will r	City of Rocklin takes very seriously any false or misleading information provided by applicants on me, or related materials or other statements of fact submitted by job applicants to be consider or written statements or documents supplied by a job applicant that contains false or mistresult in the City of Rocklin's refusal to hire the applicant, and if discovered after employment ediate dismissal from employment.	ed i	for emp	oloyr orm	nent atior
My s	signature certifies I completed this application, and that all entries on it and information in it are	true	e and co	orrec	t.
	Signature of Applicant		-		
	Printed Name				

Date

ETHNIC SELF IDENTIFICATION FORM

The City of Rocklin is an equal opportunity/affirmative action employer. In order to assess the City's recruiting program and to comply with federal government record keeping requirements, we are asking all applicants for employment to complete this form. This information will not be attached to your application and will be used for research and evaluation purposes only. Completion of this form is voluntary. Your cooperation in providing this information is greatly appreciated.

Positio	n Applied For:			Date:			
□ Ma	le □ Female □	l Nonbinary	Are y	ou over 40 years of age?	☐ Yes	□ No	
		<u>E1</u>	THNIC ORIGI	<u>N</u>			
	Native American:		•	emselves or are known rican Indian, Alaskan, and		y virtue of tribal	
	Filipino:	All persons of	Filipino desc	ent.			
	Black:	All persons ha	All persons having origins in any of the Black racial groups of Africa.				
	Caucasian:	Persons of Ind	Persons of Indo-European descent except those included in other groups.				
	Asian:	Persons of Chi	Persons of Chinese, Indo-Chinese, Japanese or Korean descent.				
	Hispanic:		All Persons of Mexican, Latin American, Spanish or Portuguese descent except those who are Black.				
	Pacific Islander:	Persons of Pol	ynesian desc	cent who are not included	d in any oth	ner group.	
	Other:						
	In	· · · · · · · · · · · · · · · · · · ·	ITMENT RES	EARCH cruitment (check only <u>one</u>	<u>=</u>)		
	those listed above	oublication other than	0000000	City Jobline City Bulletin Board City Web Page Job Fair/Trade Show School/Placement Off Organization or group EDD Internet Service:	0		
	Friend/family member	er		Other:			