



**CITY OF COLTON
EMPLOYMENT APPLICATION**

**Human Resources Department
552 North La Cadena Drive
Colton, CA 92324
(909) 370-5062
www.ci.colton.ca.us**

Human Resources use only

INSTRUCTIONS: This application must be completely filled out and signed to be accepted. **PLEASE PRINT or TYPE**

POSITION APPLIED FOR: _____

TYPE OF EMPLOYMENT: Full Time ___ Part Time ___ Shift Work ___ Day ___ Eve ___ Night ___ Weekend ___

NAME: _____ **SOCIAL SECURITY NUMBER:** _____
Last First Optional

ADDRESS: _____
Street City State Zip

TELEPH. NO.: _____ **AGE:** Are you over 18? _____
Home Other Yes or No

If applying for a sworn position in law enforcement or fire service, indicate date of birth: _____
Month Day Year

Are you legally eligible to work in the United States? _____ Upon hire, can you provide evidence of eligibility? _____
Yes or No Yes or No

As an adult, have you ever been convicted of an offense other than a minor traffic violation? _____ *

*Do not include violations while a minor, convictions exempted under LC432.8, and/or convictions sealed by court order.

If "Yes", please state nature of offense(s), date(s), city, state and disposition. A conviction record is not automatic bar to employment. The offense will be considered only as it relates to the job for which you are applying. If more space is needed, attach a separate sheet.

Are you currently working for the City of Colton? _____ If "yes" what department? _____
Yes or No

If "no", have you ever worked for the City of Colton? _____ If "yes" what department? _____
Yes or No

Do you have any family members working for the City of Colton _____ If "yes" what department? _____
Yes or No

EDUCATION: Circle highest grade completed: 8 9 10 11 12 13 14 15 16 17 18 19+ HS Grad or GED? _____
Yes or No

Name and location of college, university, business or trade school attended:

1) _____

Major: _____ Degree Earned: _____ Date Completed : _____

2) _____

Major: _____ Degree Earned: _____ Date Completed : _____

LICENSE/CERTIFICATION: Driver's License: _____ License Type: A__ B__ C__ ID Only__
Number Exp Year State

Other current certificates of professional competence, license, membership in professional associations: _____

Typing Speed if applicable: _____ wpm Office Machines if applicable: _____

LANGUAGE SKILLS: Do you speak any other language besides English? Yes ___ No ___ Please indicate your fluency, reading and writing ability in each language. Language _____ Speak _____ Read _____ Write _____

EMPLOYMENT HISTORY: List your complete employment history for the last 10 years. Account for periods of unemployment greater than 3 months. (*Begin with your most recent experience.*) List all jobs separately. Failure to list the related experience required will be considered an incomplete application and subject to rejection. *A resume will not substitute for the information required in this section; your application will be rejected if you write "See Resume".*

Job Title: _____ From: _____ To: _____ Total Years & Months _____

Employer Name: _____ Address: _____

Type Of Organization: _____ Name, Title of Supervisor: _____ Teleph: _____

No. Employees Supervised: _____ Mo. Salary Beginning \$ _____ Ending \$ _____ Hours Worked per Week: _____

Duties: _____

Reason for Leaving: _____ May we contact this employer? _____

Job Title: _____ From: _____ To: _____ Total Years & Months _____

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Duties: _____

Reason for Leaving: _____ May we contact this employer? _____

REMARKS: _____

ALL APPLICANTS ARE REQUIRED TO SUBMIT TO PRE-EMPLOYMENT MEDICAL EXAMINATION AND DRUG SCREENING.

I also certify that all statements on this application are true and complete and that any misstatement or omission of material facts may subject me to immediate disqualification or dismissal.

SIGNATURE: _____ Date: _____
(Required for Application to be Complete)

I hereby authorize my former employers, references, or any other person to furnish the City of Colton with information regarding my employment, services, reason for leaving employment, and any other information pertinent to my performance and tenure. I agree that a photographic copy of this release shall be as valid as the original.

SIGNATURE: _____ Date: _____
(Required for Application to be Complete)

**THE CITY OF COLTON IS AN EQUAL OPPORTUNITY AFFIRMATIVE ACTION EMPLOYER THAT DOES NOT DISCRIMINATE ON THE BASIS OF:
Race, Religious Creed, Color, National Origin, Sex, Age, Marital Status, Sexual Orientation or Disability in Employment or the Provision of Services.**

Human Resources Use Only			
Application Rejected:		Application Accepted:	
Education	<input type="checkbox"/>	Written	<input type="checkbox"/>
Experience	<input type="checkbox"/>	Oral	<input type="checkbox"/>
Late	<input type="checkbox"/>		
Incomplete	<input type="checkbox"/>		