

**CITY OF EL CENTRO  
APPLICATION FOR EMPLOYMENT**

The following pages constitute an application package for the City of El Centro. These pages may be used to apply for a position with the City when a recruitment is being conducted. The City does not accept applications except during an open recruitment period.

All five of these pages should be returned in person or by mail to the **Personnel Division, City of El Centro, City Hall, 1275 Main Street, El Centro, CA 92243**

An application may be transmitted electronically via facsimile to 760-352-6177, but an application with an "original signature" must still be mailed by the application filing deadline, and must be received by the City Personnel staff no later than 5 working days after the deadline to activate the application.

In order to provide prompt, same day service, applicants having questions may call the Personnel staff voice mail numbers at (760) 337-4548 or (760) 337-4549 between 9 and 11 a.m. Monday through Friday.

-----  
**Qualified applicants are considered for employment (and employees are treated during employment) without regard to race, color, religion, sex, sexual orientation, national origin, age, marital status or disability.**

To assist the City of El Centro with Federal / State Equal Employment Opportunity record keeping, reporting and other legal requirements, applicants are encouraged to answer the questions below. *Furnishing this information is voluntary.* This pre-employment information will be detached by the Personnel staff prior to applicant screening and kept in a confidential file separate from the attached application for employment.

**Social Security Number:**     /     /     **Date of Birth:**     /     /     **Age:**  
**Check one :**   [ ] Male [ ] Female

**Race / Ethnic Group (check one) :**

- [ ] White (Caucasian, Anglo-Saxon or Middle Eastern)
- [ ] Black (Racial group not of Hispanic origin)
- [ ] Hispanic (Mexican, Puerto Rican, Cuban, Central, South American or other Spanish culture or origin)
- [ ] American Indian or Alaskan Native (any of the original peoples of North America)
- [ ] Asian / Pacific Islander (Chinese, Japanese, Vietnamese, Filipino, Samoan, Korean, Indian)

**Elementary and Secondary Education (Check Highest Grade Attained and Diploma Earned)**

[Less than 6] [6] [7] [8] [9] [10] [11] [12] [GED] [HS Diploma] Year: \_\_\_\_\_

Name of High School: \_\_\_\_\_ Location: \_\_\_\_\_

**Trade Schools, Colleges and Universities (List most recent first)**

Name of Institution	City / Campus	Dates Attended		Degree/Year	Major	Units	
		MO/YR	to MO/YR			SEM.	QTR.

**Applicants may be asked to furnish copies of transcripts verifying dates of attendance, degrees, units, etc.**

**Driver's License Information (Certain jobs may require a particular class of license or endorsement)**

Do you have a valid California Driver's License? Check one [Yes] [No] Licensed in another state? [Yes] [No]

DL#: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Classes (check applicable) [A] [B] [C] [M]

If you have a commercial license, check applicable endorsements: [N] [P] [T] [H] [X]

In process of obtaining further licensing or additional endorsements. Please list: \_\_\_\_\_

**Personal Qualifications**

Professional Registrations, Licenses or Certificates; Membership in Professional Organizations (list)

Language Skill (check applicable)	Understand	Speak	Read and Write
[ ] English	[ ]	[ ]	[ ]
[ ] Spanish	[ ]	[ ]	[ ]
[ ] Other (list): _____	[ ]	[ ]	[ ]

Office Skills (check applicable)

[ ] Typing _____ WPM	[ ] Dictaphone	[ ] Word processor
[ ] Shorthand _____ WPM	[ ] 10-Key calculator	[ ] On-line computer terminal
[ ] IBM compatible personal computer	[ ] Macintosh personal computer	[ ] Other personal computer

Other or Specialized Skill (list below):



<b>Experience (continued)</b>			
Employer:		Your Title:	
Street Address:		City, State, ZIP:	
Telephone Number: (     )		Number of employees you supervised:	
Immediate Supervisor:		His / Her Title:	
Employed: From MO/YR	To MO/YR	Total Time	Years
Hours worked / week:	Last or current salary \$	per	(hour / week / month)
Describe your duties:			
Reason for leaving:			

<b>References (List three who are NOT relatives or former employers)</b>	
Name:	Daytime Telephone Number: (     )
Address:	City, State, ZIP:
Name:	Daytime Telephone Number: (     )
Address:	City, State, ZIP:
Name:	Daytime Telephone Number: (     )
Address:	City, State, ZIP:

<b>Other Comments</b>

*I certify that all the statements in this form are true, and acknowledge that any misstatement or omission of material facts may subject me to disqualification or dismissal. I hereby authorize any of my former employers, references, or any person to furnish to the City of El Centro their records of my services, reasons for leaving their employ, and all other information that may concern me whether or not on record. I hereby release any of my former employers, their agents or other references from all liability for any damages whatsoever in furnishing said information. The use of this form does not constitute an offer of employment, is not an employment contract, and does not, in any way, obligate the City of El Centro. In accordance with Federal law, new employees will be asked to verify their right to work in the United States.*

Signature: \_\_\_\_\_ Date:     /     /