

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".

FROM: MO. _____ DAY _____ YR. _____ TO: MO. _____ DAY _____ YR. _____ HOURS/WEEK: _____ # OF PEOPLE SUPERVISED: _____ MONTHLY SALARY: \$ _____	TITLE: _____ DUTIES: _____ MAY WE CONTACT CURRENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	PRESENT OR MOST RECENT EMPLOYER: ADDRESS: _____ PHONE: _____ SUPERVISOR: _____ REASON FOR LEAVING: _____
FROM: MO. _____ DAY _____ YR. _____ TO: MO. _____ DAY _____ YR. _____ HOURS/WEEK: _____ # OF PEOPLE SUPERVISED: _____ MONTHLY SALARY: \$ _____	TITLE: _____ DUTIES: _____ 	PRESENT OR MOST RECENT EMPLOYER: ADDRESS: _____ PHONE: _____ SUPERVISOR: _____ REASON FOR LEAVING: _____
FROM: MO. _____ DAY _____ YR. _____ TO: MO. _____ DAY _____ YR. _____ HOURS/WEEK: _____ # OF PEOPLE SUPERVISED: _____ MONTHLY SALARY: \$ _____	TITLE: _____ DUTIES: _____ 	PRESENT OR MOST RECENT EMPLOYER: ADDRESS: _____ PHONE: _____ SUPERVISOR: _____ REASON FOR LEAVING: _____

May we contact ALL past employers? YES NO

I hereby authorize my former employers, references or other persons to furnish the City of Yucaipa with information regarding my employment, services, reason for leaving employment, and any other information pertinent to my performance and tenure. I hereby release my former employers, their agents, or any other references from all liability for damages whatsoever in furnishing said information to the City of Yucaipa.

CERTIFICATION

I hereby declare, under penalty of perjury under the laws of the State of California, that all information provided above is true, correct and complete to the best of my knowledge. I understand and agree that any false statement, misstatement or omission of a material fact will subject me to disqualification from the application process or, if hired, to immediate dismissal, regardless of the amount of time that has passed before discovery.

OFFER OF EMPLOYMENT

I acknowledge that offers of employment may only be made in writing signed by the City Manager, or his/her designee.

CONDITIONAL OFFERS

I acknowledge that any offer of employment or my acceptance is contingent upon a medical examination (including drug and alcohol screen, where applicable) background check, verification of identity and authorization to work in the United States, verification of educational qualifications, and other selection, verification or hiring procedures.

SIGNATURE: _____ **DATE:** _____
 (Required for Application to be Complete)

As a covered entity under the Fair Employment and Housing Act and Title II of the Americans with Disabilities Act, the City of Yucaipa does not discriminate on the basis of disability and, upon request, will provide reasonable accommodation to ensure equal access to its programs, services, and activities. To request a disability accommodation, please complete the Disability Accommodation Form within fourteen (14) calendar days of the submittal of the City job application. The Disability Accommodation Form can be obtained at City Hall in the Human Resources Department or on the City's website.

THE CITY OF YUCAIPA IS AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER WHO DOES NOT DISCRIMINATE ON THE BASIS OF: Race, Religious Creed, Color, National Origin, Ancestry, Sex, Age, Marital Status, Physical Condition, Handicap, or Sexual Orientation

EMPLOYMENT QUESTIONNAIRE

APPLICANT: The City of Yucaipa is required by Federal and State law to collect certain information and maintain statistical data on all applicants. This information is confidential and is not shared with the appointing authority or any person involved in the assessment of applicant knowledge, skills, and abilities to perform the job. Please complete this form and submit it with your application. The completed form is confidential and will be detached from your application.

CHECK MALE OR FEMALE: Male Female

ALSO, PLEASE CHECK ONE BOX ONLY FOR THE ETHNIC CATEGORY YOU MOST CLOSELY IDENTIFY WITH. (See below for ethnic definitions)

- White (Not of Hispanic origin.) All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- Black (Not of Hispanic origin.) All persons having origins in any of the Black racial groups of Africa.
- Hispanic All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- Asian or Pacific Islander All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, and Samoa.
- American Indian or Alaskan All persons having origins in any of the original peoples of North America, and who maintain cultural identifications through tribal.
- Native Affiliation or community recognition. Please identify with which tribe you are affiliated: _____

JOB TITLE: _____

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

- A Friend or Relative
- The City's Personnel Department
- Contact with a City Department/Employee If Department, Specify Which _____
- An Organization or Group (Specify):
- An Advertisement (Specify Newspaper, Publication, TV or Radio Station)
- Other Means (Specify):