

**CITY OF BAKERSFIELD EMPLOYMENT APPLICATION**



**CITY OF BAKERSFIELD  
HUMAN RESOURCES OFFICE**  
1600 Truxtun Ave., 1<sup>st</sup> Floor  
Bakersfield, CA 93301  
**APPLICATION FOR EMPLOYMENT**  
(661) 326-3773  
<http://www.bakersfieldcity.us>

**Received:  
For Official Use Only:**  
QUAL: \_\_\_\_\_  
DNO: \_\_\_\_\_  
 MQ  
 AI  
 NITG  
 Other: \_\_\_\_\_

**PLEASE PRINT LEGIBLY**

POSITION TITLE:		EXAM ID #:
NAME: (Last, First, Middle)		
ADDRESS: (Street, Apt #, City, State, Zip Code)		
HOME PHONE:	ALTERNATE PHONE:	EMAIL ADDRESS:
VALID CA DRIVER'S LICENSE: <input type="checkbox"/> Yes <input type="checkbox"/> No	DRIVER'S LICENSE: State: _____ Number: _____ Class: _____	

**HIGH SCHOOL EDUCATION**

DID YOU GRADUATE FROM HIGH SCHOOL OR OBTAIN A GED?  Yes  No  
WHAT IS YOUR HIGHEST LEVEL OF EDUCATION COMPLETED? (COLLEGE: 13, 14, 15, 16) (GRAD: 17, 18, 19, 20)

**COLLEGE OR UNIVERSITY EDUCATION**

SCHOOL NAME:		
SCHOOL LOCATION: (City, State)	DID YOU GRADUATE? <input type="checkbox"/> Yes <input type="checkbox"/> No	DEGREE RECEIVED:
MAJOR:	UNITS COMPLETED:	
SCHOOL NAME:		
SCHOOL LOCATION: (City, State)	DID YOU GRADUATE? <input type="checkbox"/> Yes <input type="checkbox"/> No	DEGREE RECEIVED:
MAJOR:	UNITS COMPLETED:	
SCHOOL NAME:		
SCHOOL LOCATION: (City, State)	DID YOU GRADUATE? <input type="checkbox"/> Yes <input type="checkbox"/> No	DEGREE RECEIVED:
MAJOR:	UNITS COMPLETED:	

**PLEASE BE PREPARED TO SUBMIT A COPY OF YOUR DEGREE OR DIPLOMA PRIOR TO EMPLOYMENT**

**EMPLOYMENT HISTORY**

In the spaces provided, give your complete record of employment during the last ten years. Start with your present or most recent position and work back. List your positions in the order you held them. *If you were fired from any employment, you must so indicate and fully explain why. Explain gaps between periods of employment. If the position announcement required any job experience and/or education requirement, show clearly that you meet such requirement.* If you wish, you may include experience more than ten years ago.

**MAY WE CONTACT CURRENT EMPLOYER?**  Yes  No

**If more space is needed, please copy this page and attach to this application.**

DATES: From:            To: <b>PRESENT</b>		EMPLOYER:	POSITION TITLE:
ADDRESS: (Street, City, State, Zip Code)			
SUPERVISOR NAME:	TITLE:	PHONE NUMBER:	
HOURS/WEEK:	SALARY:		
DUTIES:			
REASON FOR LEAVING:			

DATES: From:            To:		EMPLOYER:	POSITION TITLE:
ADDRESS: (Street, City, State, Zip Code)			
SUPERVISOR NAME:	TITLE:	PHONE NUMBER:	
HOURS/WEEK:	SALARY:		
DUTIES:			
REASON FOR LEAVING:			

DATES: From:            To:		EMPLOYER:	POSITION TITLE:
ADDRESS: (Street, City, State, Zip Code)			
SUPERVISOR NAME:	TITLE:	PHONE NUMBER:	
HOURS/WEEK:	SALARY:		
DUTIES:			
REASON FOR LEAVING:			

DATES: From:            To:		EMPLOYER:	POSITION TITLE:
ADDRESS: (Street, City, State, Zip Code)			
SUPERVISOR NAME:	TITLE:	PHONE NUMBER:	
HOURS/WEEK:	SALARY:		
DUTIES:			
REASON FOR LEAVING:			

**CERTIFICATES AND LICENSES**

TYPE:	EXPIRATION DATE:
CERTIFICATE/LICENSE NUMBER:	ISSUING AGENCY:

TYPE:	EXPIRATION DATE:
CERTIFICATE/LICENSE NUMBER:	ISSUING AGENCY:

**SKILLS**

OFFICE SKILLS:  
Typing:  
Data Entry:

OTHER SKILLS:

LANGUAGE(S):

**ADDITIONAL INFORMATION**

**CITY WIDE SUPPLEMENTAL QUESTIONS**

1. Are you now or have you ever been employed with the City of Bakersfield? Yes No

2. Are you over 18 years of age? If no, what is your age? Yes No

3. Can you, upon employment, submit verification of your legal right to work in the United States? Yes No

4. Are any persons now employed by the City of Bakersfield related to you by blood or marriage? Do you live with, are you related to, or have you been previously married to a current City employee? Yes No

5. If you answered "Yes" to question #4, please give names and relationships. If you answered "No" to question #4, please state "N/A." If yes, give names: \_\_\_\_\_ and relationships: \_\_\_\_\_

6. **VETERAN'S CREDITS AND CONDITIONS UNDER WHICH THEY ARE GRANTED.**  
Application for Veteran's Credits, together with proof of eligibility for credits, must be received by the Human Resources Office. Such evidence must be filed with application, and unless so filed, the applicant's Rights to Veteran's Credits will be deemed to have been waived for this examination.  
Do you claim veteran's credit? Yes No

**DD214 FORM MUST ACCOMPANY APPLICATION IF YOU CLAIM VETERAN'S CREDIT**

7. How did you learn about this job opening?

City of Bakersfield HR Office

City of Bakersfield Web Site

City of Bakersfield Job Line

Newspaper

Professional Journal

Other

8. For question # 7, please name specific source for journal, newspaper, website or other.

**CERTIFICATE OF APPLICANT: READ CAREFULLY BEFORE SIGNING**

CERTIFICATION: I certify that the information provided on the job application and any attachments or resume is true, correct and complete. I certify there are no misstatements, misrepresentations or omissions of facts. I understand that any misstatements, misrepresentations or omissions of fact contained herein will be grounds for denial of employment or immediate termination from service with the City of Bakersfield. I authorize the investigation of all disclosures of provided information and reference checks to verify my suitability for employment. I release the City of Bakersfield and any individuals/agencies it contacts from any claims or liability for making or responding to such investigation. I understand I must notify Human Resources of any changes in my name, address or phone number.

Applicant Signature:

Date:

ADA/TESTING ACCOMODATIONS: The City of Bakersfield complies with the Americans with Disabilities Act of 1990. Any applicant with a qualified disability under the Americans with Disabilities Act may request accommodation by contacting Human Resources at (661) 326-3773.

**HUMAN RESOURCES REVIEW  
OFFICIAL USE ONLY**

Notes:

Status:

HR Analyst:

Date:



## CITY OF BAKERSFIELD VOLUNTARY STATISTICAL INFORMATION

Responses to race and sex are voluntary and will provide statistics needed to evaluate our recruitment program as well as prepare statistical reports required by federal, state and local agencies. No decisions in the test process will be made based on your responses. This sheet will be kept separate from your application.

*Please print clearly:*

DATE

LAST NAME	FIRST NAME	EXAM ID #

*Please check one of the following:*

WHITE	BLACK	HISPANIC	ASIAN	INDIAN
<input type="checkbox"/>				

*Please check one of the following:*

SEX	
MALE	FEMALE
<input type="checkbox"/>	<input type="checkbox"/>