



Thank you for expressing interest in joining the City of Highland Team

Instructions for completing the City of Highland Employment Application are listed below for your convenience.

1. Applications may be downloaded at [www.cityofhighland.org](http://www.cityofhighland.org) or are available for pick up at City Hall
  2. If downloading your application, print and return all pages. If you are picking up an application in person, complete and return all pages.
  3. Complete in its entirety in type or black ink
  4. Sign and date the application
  5. Submit your application to:  
City of Highland  
27215 Base Line  
Highland, Ca 92346  
Monday – Thursday  
7:30 a.m. to 5:30 p.m.  
Or  
By Email to:  
Elena Rodrigues  
[erodrigues@cityofhighland.org](mailto:erodrigues@cityofhighland.org)
- Applications must be received by the Department of Human Resources by the submittal deadline as indicated on the job flyer.
  - We require an original signature, therefore, faxed applications are not accepted.
  - A resume may be attached to your application but will not be accepted in lieu of an application. Also an application will not be considered if “see resume” is in place of actual job experience duties.



Received # \_\_\_\_\_

# EMPLOYMENT APPLICATION

Please Note: Failure to provide ALL applicable information, submit a typed or clearly printed form, and/or a late application, may result in rejection.

**APPLYING FOR :** \_\_\_\_\_

First Name - Middle Initial - Last Name \_\_\_\_\_

Home Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Message Phone (\_\_\_\_\_) \_\_\_\_\_ Other (\_\_\_\_\_) \_\_\_\_\_

SSN \_\_\_\_\_ (Optional Unless Hired) DMV# & State \_\_\_\_\_ (Optional Unless Required for Position)

**EMPLOYMENT/EXPERIENCE** List current and past employers, in reverse chronological order (most recent first), using a separate block for each job held, even with same organization. Also list any job related volunteer experience. Attach additional sheets if necessary. Resumes are acceptable, but cannot substitute employment section.

May we contact your present employer?  Yes  No

Name of Employer \_\_\_\_\_

Mailing Address \_\_\_\_\_

Supervisor's Name & Title \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Exact Title/Position \_\_\_\_\_ Start/End Date(s) \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Describe Your Duties for Above Position (Include # of Employees Supervised) \_\_\_\_\_

Average Total Hours (Per Week): \_\_\_\_\_ Full-Time Hours \_\_\_\_\_ Part-Time Hours \_\_\_\_\_ Temporary Hours \_\_\_\_\_

Reason for Leaving: Resigned  Discharged  Layoff  Final Salary: \$ \_\_\_\_\_ Per HR/WK/ MO

Name of Employer \_\_\_\_\_

Mailing Address \_\_\_\_\_

Supervisor's Name & Title \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Exact Title/Position \_\_\_\_\_ Start/End Date(s) \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Describe Your Duties for Above Position (Include # of Employees Supervised) \_\_\_\_\_

Average Total Hours (Per Week): \_\_\_\_\_ Full-Time Hours \_\_\_\_\_ Part-Time Hours \_\_\_\_\_ Temporary Hours \_\_\_\_\_

Reason for Leaving: Resigned  Discharged  Layoff  Final Salary: \$ \_\_\_\_\_ Per HR/WK/ MO

Name of Employer \_\_\_\_\_

Mailing Address \_\_\_\_\_

Supervisor's Name & Title \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Exact Title/Position \_\_\_\_\_ Start/End Date(s) \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Describe Your Duties for Above Position (Include # of Employees Supervised) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Average Total Hours (Per Week): \_\_\_\_\_ Full-Time Hours \_\_\_\_\_ Part-Time Hours \_\_\_\_\_ Temporary Hours

Reason for Leaving: Resigned \_\_\_\_\_ Discharged \_\_\_\_\_ Layoff \_\_\_\_\_ Final Salary: \$ \_\_\_\_\_ Per HR/WK/ MO

Name of Employer \_\_\_\_\_

Mailing Address \_\_\_\_\_

Supervisor's Name & Title \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Exact Title/Position \_\_\_\_\_ Start/End Date(s) \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Describe Your Duties for Above Position (Include # of Employees Supervised) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Average Total Hours (Per Week): \_\_\_\_\_ Full-Time Hours \_\_\_\_\_ Part-Time Hours \_\_\_\_\_ Temporary Hours

Reason for Leaving: Resigned \_\_\_\_\_ Discharged \_\_\_\_\_ Layoff \_\_\_\_\_ Final Salary: \$ \_\_\_\_\_ Per HR/WK/ MO

### ***EDUCATION/TRAINING***

Name & Location of High School \_\_\_\_\_

Study Emphasis \_\_\_\_\_ Start/End Date(s) \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Did you graduate? \_\_\_\_\_ Yes \_\_\_\_\_ No

Name & Location of College/University \_\_\_\_\_

Study Emphasis \_\_\_\_\_ Start/End Date(s) \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Did you graduate, receive a degree or certificate? \_\_\_\_\_ Yes \_\_\_\_\_ No What type? \_\_\_\_\_

Name & Location of Other School \_\_\_\_\_

Study Emphasis \_\_\_\_\_ Start/End Date(s) \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Did you graduate, receive a degree or certificate? \_\_\_\_\_ Yes \_\_\_\_\_ No What type? \_\_\_\_\_

List any courses, seminars, or related training (including title & length of course) and/or professional or vocational certificates received which would increase your effectiveness in this position.

\_\_\_\_\_

\_\_\_\_\_

List any additional information you wish to include regarding your qualifications or interest pertinent to this position. *(Exclude legally protected information of which its character will indicate the race, religious creed, national origin, ancestry, sex, physical condition, or status of the applicant.)*

\_\_\_\_\_

\_\_\_\_\_

Clerical Applicants Only: Typing \_\_\_\_\_ W.P.M. Shorthand \_\_\_\_\_ W.P.M. *(Subject to Verification)*

**REFERENCES:** Give name, home or business address, and telephone number of three persons (NOT related to you) who have knowledge of your character, work experience and ability.

Reference's Name & Title \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Mailing Address \_\_\_\_\_

Reference's Name & Title \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Mailing Address \_\_\_\_\_

Reference's Name & Title \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Mailing Address \_\_\_\_\_

**ADDITIONAL QUESTIONS:** Please answer the following questions, and attach additional sheets as necessary

Have you worked for the City of Highland? \_\_\_\_ Yes \_\_\_\_ No

If yes, reason for leaving? \_\_\_\_\_

Are you related to any City employee? \_\_\_\_ Yes \_\_\_\_ No

If yes, give name and relationship \_\_\_\_\_

Are you a Cal Pers Annuitant? \_\_\_\_ Yes \_\_\_\_ No

Have you ever been discharged or forced to resign due to misconduct or unsatisfactory service?

\_\_\_\_ Yes \_\_\_\_ No

If required of the position, are you available to work nights, holidays, and/or weekends? \_\_\_\_ Yes \_\_\_\_ No

Would you consider a Part-time or Temporary work schedule? \_\_\_\_ Yes \_\_\_\_ No

If selected and you are under 18 years of age, can you provide the required proof of your eligibility to work? \_\_\_\_ Yes \_\_\_\_ No

If selected, on what date would you be available to work? \_\_\_\_/\_\_\_\_/\_\_\_\_

*I hereby certify that all statements on this application are true and complete and that any misstatement or omission of material facts will subject me to disqualification or dismissal. I hereby authorize any former employers and references to furnish the City of Highland their records of my services, reasons for leaving their employ and all other job related information that may concern me, whether or not a record. I hereby release any of my former employers, their agents or any other references from all liability for any damages whatsoever in furnishing said information. I understand that the use of this form does not indicate there are any positions open and does not, in any way obligate the City of Highland. Further, I understand that if selected as the final candidate, I will be required to successfully complete a pre-employment physical which includes drug and alcohol testing by a City designated physician; provide proof of identity such as social security number and driver's license number; and documentation verifying authorization to work in the United States.*

Signature \_\_\_\_\_ Date \_\_\_\_\_



# APPLICANT BACKGROUND INFORMATION

Please Note: Inclusion or exclusion of any data on this form will NOT affect any employment decision. Your cooperation is voluntary.

**APPLYING FOR :** \_\_\_\_\_

In order to comply with Equal Opportunity and Affirmative Action responsibilities where they apply, you are requested to complete and return this form with your employment application. This form will be detached from your application and will be kept separate and confidential. Employees are treated without regard to race, religion, sex, nation origin, age, martial or veteran status, medical condition or disability, or any other legally protected status during employment.

**Name:** \_\_\_\_\_

**SEX:** \_\_\_\_\_ Male \_\_\_\_\_ Female

**AGE GROUP:** \_\_\_\_\_ Under 21 \_\_\_\_\_ 21-29 \_\_\_\_\_ 30-39 \_\_\_\_\_ 40-49 \_\_\_\_\_ 50-59 \_\_\_\_\_ 60 or over

**ETHNIC ORIGIN:**

\_\_\_\_\_ White ..... All persons having origins in any of the original peoples of Europe, North Africa, Middle East, or the Indian Subcontinent. (Not of Hispanic Origin)

\_\_\_\_\_ Black ..... All persons having origins in any of the black racial groups. (Not of Hispanic Origin)

\_\_\_\_\_ Hispanic ..... All persons of Mexican, Puerto Rico, 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 or Pacific Islands.

\_\_\_\_\_ American Indian or Alaskan Native ..... All persons having origins in any of the original peoples of North America.

**ADVERTISING SOURCE:**

\_\_\_\_\_ Newspaper..... \_\_\_\_\_

\_\_\_\_\_ Radio..... \_\_\_\_\_

\_\_\_\_\_ Internet..... \_\_\_\_\_

\_\_\_\_\_ Other..... \_\_\_\_\_

Thank you for your participation