



CITY OF UPLAND

HUMAN RESOURCES DEPARTMENT
"City of Gracious Living"

READ THIS BEFORE COMPLETING YOUR APPLICATION

Dear Applicant:

To help us in our assessment of your ability to perform the duties of this position, we have prepared a list of guidelines to aid you in making the very best "first impression" possible through your application.

Remember: Your application reflects you... is it the best that it can be? The City will not consider your application if:

- We cannot read your application;
- It is incomplete.

To avoid the disappointment of being removed from consideration for one of these reasons, please:

- Read the instructions on the application;
- Neatly print or type it;
- Date and sign the form;
- Provide all information requested;
- Add a resume only to supplement the completed application (the application must contain all required information)

If you have any questions, call the Human Resources Department at (909) 931-4177 before you submit your application. No changes to your application will be permitted after the filing deadline.



CITY OF UPLAND
EMPLOYMENT APPLICATION
An Equal Opportunity Employer
 Human Resources
 460 N. Euclid Ave.
 Upland, CA 91786
 (909) 931-4177

HUMAN RESOURCES USE ONLY

	DATE	PASS/FAIL	NOTIFIED
WRITTEN	_____	_____	_____
ORAL	_____	_____	_____
2ND ORAL	_____	_____	_____
COMMENTS	_____	_____	_____

The City does not discriminate on the basis of race color religion, sex, national origin, age, disability, or any other characteristics protected by applicable state or federal civil rights laws.

TITLE OF JOB APPLYING FOR:

INSTRUCTIONS: This application must be filled out completely and signed to be accepted for review. Applications will be evaluated on the basis of information provided and it is the applicant's responsibility to insure that this information is thorough and complete. Please type or print in ink.

LAST NAME		FIRST NAME		MIDDLE NAME	
MAILING ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
PLACE OF RESIDENCE	NUMBER	STREET	CITY	STATE	ZIP
AREA CODE	HOME TELEPHONE #		AREA CODE	WORK OR MESSAGE TELEPHONE #	

EMAIL ADDRESS (OPTIONAL)

SOCIAL SECURITY # (OPTIONAL)

DRIVER'S LICENSE # (IF APPLICABLE FOR JOB DUTIES)

STATE CLASS EXPIRATION DATE

DATE OF BIRTH (FOR POLICE AND FIRE APPLICANTS ONLY)

Are you 18 years of age or older? Yes No

If you are a minor, please provide name and address of parent or guardian:

Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

After employment, can you submit verification of your legal right to work in the United States? Yes No

In case of emergency, please notify: _____ Phone: _____

1. Have you ever been employed by the City of Upland? Yes No

2. Have you ever been employed under another name? Yes No

3. Are you related to any current City of Upland employee? Yes No

If yes, state relationship, name and where employed below.

4. Do you need reasonable accommodations to perform the essential functions of the position for which you are applying? Yes No

If you answered "Yes" to any question's 1-4, please explain below:

EDUCATION

Name of High School/Location	Are you a High School Graduate?	If not, do you possess a GED or High School equivalency?		
	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Name of schools attended College/Trade	Credits Completed Qtr./Sem.	Major	Did You Graduate?	Degrees/Certificates Received
	Qtr./Sem.		Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Qtr./Sem.		Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Qtr./Sem.		Yes <input type="checkbox"/> No <input type="checkbox"/>	

EMPLOYMENT HISTORY

1. List your most recent experience first. Carefully account for all employment, paid or unpaid over the last 10 years. List each change of title or promotion. Facsimiles of the application will not be accepted.
2. You must clearly show that you meet the minimum experience requirements on this application form. Responses such as "SEE ATTACHED RESUME" and "UNKOWN" are not acceptable and will be grounds for rejection of your application.
3. Resumes may be attached but WILL NOT be accepted in lieu of complete answers.
4. Additional sheets may be attached if necessary.

Mo/Yr TO	Mo/Yr	Employer	Title of Position
Address	City	State	Zip
Name/Title/Telephone # of Supervisor			
Hours per week: Salary \$ per Number of employees you supervised:	Job Duties:		

Reason for Leaving:

Mo/Yr TO	Mo/Yr	Employer	Title of Position
Address	City	State	Zip
Name/Title/Telephone # of Supervisor			
Hours per week: Salary \$ per Number of employees you supervised:	Job Duties:		

Reason for Leaving:

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Address	City	State	Zip
Name/Title/Telephone # of Supervisor			
Hours per week: Salary \$ per Number of employees you supervised:	Job Duties:		

Reason for Leaving:

MAY WE CONTACT YOUR CURRENT EMPLOYER? Yes No

PLEASE READ THE FOLLOWING VERY CAREFULLY BEFORE SIGNING AS IT CONTAINS IMPORTANT INFORMATION AND A WAIVER AND RELEASE OF LIABILITY

I declare under penalty of perjury that all answers and statements in this application are true and complete to the best of my knowledge and belief. I understand that any misrepresentation, falsification, or material omission of information on this application may result in my failure to receive an offer or, if hired, immediate dismissal from employment.

I understand that, to evaluate me for employment, the City may request information from my references and from my current or former employers and educational institutions. I also understand that the City may review my criminal history information, my driving record, and certain public records pertaining to me. In order to assist the City's evaluation, I authorize the release of information to the City regarding my prior and current employment, including without limitation: positions held, dates of employment, beginning and ending pay rates, work performance, and disciplinary records. I authorize the release of this information regardless of any agreement, instructions or representations I may have previously made to the contrary.

In consideration for the City's review of my application for employment, I waive any rights and claims I may have against any current or former employer or educational institution, any persons listed as a reference, or any entity from whom public records pertaining to me are obtained, including officers, employees, losses, liabilities, or expenses (which include attorney fees and costs) that may directly or indirectly result from the disclosure to, or use of the above information by the City. I further agree that a photocopy of this authorization may be used in lieu of the original for the purposes stated above.

In consideration of my employment, I agree to abide by the rules and standards of the City of Upland. I also understand that all offers of employment are conditional on the provision of satisfactory proof of an applicant's identity and legal authority to work in the United States, as well as the satisfactory completion of post-offer medical examination(s), which includes a drug screen and, if applicable, a psychological or polygraph examination.

Applicant Signature

Date

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Applicant Signature

Date

**CITY OF UPLAND HUMAN RESOURCES
EMPLOYMENT APPLICATION SUPPLEMENTAL INFORMATION**

**PLEASE COMPLETE THE FOLLOWING INFORMATION.
THIS FORM MUST BE RETURNED WITH THE EMPLOYMENT APPLICATION.**

SPECIAL SKILLS

Typing WPM: _____

Office Equipment: _____

Computer Software: _____

LICENSE, CERTIFICATES

List all valid applicable licenses, and/or certificates (include type of license/certification, state, number & expiration date):

TRAINING

List any specialized training which is applicable to this position:

LANGUAGES

Language other than English (Indicate level of proficiency):

| Speak | Read | Write

REFERENCES (List people who would have knowledge of your qualifications for the position. Do not list relatives.)

Name	Business or Home Address	Business or Occupation	Phone #

I hereby certify that the above information is true and correct to the best of my knowledge and agree to have this information checked by the City of Upland. I understand that any misrepresentation, falsification, or material omission may result in my failure to receive an offer, or, if I am hired, my immediate dismissal from employment.

Print Name

Applicant Signature

Date

**CITY OF UPLAND
CONFIDENTIAL INFORMATION
(To be used by Human Resources Department only)**

**PLEASE COMPLETE THE FOLLOWING INFORMATION.
THIS FORM MUST BE RETURNED WITH THE EMPLOYMENT APPLICATION.**

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR? Yes No (A criminal record does not constitute an automatic bar to employment.)

(Exclude convictions for marijuana-related offenses more than two years old; convictions that have been sealed, expunged or legally eradicated) If "Yes", briefly describe the nature of the crime(s), the date and place of conviction and the legal disposition of the case:

The City of Upland will not deny employment to any applicant solely because the person has been convicted of a crime. The City of Upland, however, may consider the nature, date and circumstances of the offenses as well as whether the offense is relevant to the duties of the position applied for.

HAVE YOU EVER BEEN **DISCIPLINED** OR **DISCHARGED** FOR:

- | | | |
|--|------------------------------|-----------------------------|
| Theft, unauthorized removal of employer's property, or related offenses? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Fighting, assault, or related offenses? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Insubordination? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Misconduct? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Unsatisfactory service? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

If the answer is "Yes" to any of the above, please explain:

I hereby certify that the above information is true and correct to the best of my knowledge and agree to have this information checked by the City of Upland. I understand that any misrepresentation, falsification, or material omission may result in my failure to receive an offer, or, if I am hired, my immediate dismissal from employment.

Print Name Applicant Signature Date

THIS FORM MUST BE RETURNED WITH EVERY APPLICATION

CITY OF UPLAND SELF-CERTIFICATION OF SKILLS

Check appropriate box:

- TYPING:**
- Typing less than 30 net wpm (after errors)**
 - Typing at 31 - 39 net wpm (after errors)**
 - Typing at 40 – 45 net wpm (after errors)**
 - Typing at 46 – 60 net wpm (after errors)**
 - Typing at least 60 + net wpm (after errors)**

COMPUTER: Ability to use the following hardware/software programs as stated:

	<u>FAMILIAR</u>	<u>PROFICIENT</u>
IBM (or compatible)	<input type="checkbox"/>	<input type="checkbox"/>
Microsoft Word/Office Suite	<input type="checkbox"/>	<input type="checkbox"/>
Windows 2000/XP	<input type="checkbox"/>	<input type="checkbox"/>
Excel	<input type="checkbox"/>	<input type="checkbox"/>
Power Point	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>

10-KEY:

TOOLS: I have used the following types of machines, tools, equipment, mechanical aids on the job (i.e. electrical testing equipment, video/digital camera, etc.)

I certify that the above statements reflect my current proficiency and are true and accurate to the best of my knowledge. I understand that if hired, my inability to perform at the stated level of skill may lead to my non-retention with the City of Upland.

Print Name

Applicant Signature

Date

APPLICANT STATISTICAL INFORMATION – VOLUNTARY

In order to comply with federal and state equal employment opportunity requirements, we would appreciate your voluntary cooperation in providing the following information. This information will be used for statistical purposes only and will not be used in any way as part of the testing process.

CHECK ONE BOX FOR THE ETHNIC CATEGORY YOU MOST CLOSELY IDENTIFY WITH:

WHITE (not of Hispanic origin)

All persons having origin in any of the original people of Europe, Africa, or the Middle East.

BLACK (not of Hispanic origin)

All persons having origins in any of the black racial groups.

HISPANIC

All persons of Mexican, Puerto Rican, Cuban, Central or South America, or other Spanish culture or origin, regardless of sex.

ASIAN or PACIFIC ISLANDER

All persons having origin in any of the original people of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands, Samoa and the Indian subcontinent.

AMERICAN INDIAN or ALASKA NATIVE

All persons having origins in any of the original peoples of North America.

SEX: Male Female

Print Name

Applicant Signature

Date

PLEASE COMPLETE THE FOLLOWING INFORMATION.

The City of Upland is interested in seeing how we are reaching applicants for various positions. Your help in answering the following would be appreciated. What newspaper/publication did you notice this advertisement in?

Inland Valley Daily Bulletin

Jobs Available

Orange County Register

Professional Magazine/Publication

San Bernardino Sun

Other (Please specify) _____

Riverside Press Telegram

City Website

The City of Upland offers a finder's fee to City of Upland employees who refer candidates for Public Safety positions. If a City employee