

General Instructions



Read these instructions before completing the Application for Employment. Failure to complete the application as directed may result in disqualification. Please read the job announcement to determine if you meet the requirements for the position before you apply, and follow all instructions provided.

APPLICATIONS

- ▶ Applications are only accepted for positions that are currently open.
- ▶ Fill out all sections of the application materials completely and accurately.
- ▶ **All unsigned applications will be rejected.**
- ▶ Resumes may be attached *but* are not accepted in lieu of completing an official Town employment application.
- ▶ **Faxed or e-mailed applications will not be accepted.**
- ▶ Applications must be received by the closing date and time to be considered.

EQUAL EMPLOYMENT OPPORTUNITY

The Town of Yucca Valley is an equal opportunity employer. The Town's policy is to promote equal opportunity for applicants and employees without regard to race, color, religion, ethnic or national origin, religion, creed, ancestry, age, sex, marital status, physical or mental disability, medical condition, sexual orientation, domestic partnership status, military veteran status and/or any other legally protected status. Please return the Equal Employment Opportunity Questionnaire with your application. This is confidential and is not used in considering your application for employment.

REFERENCES

It is the policy of the Town to verify applicant references. Include at least one reference for each of your last three positions. A complete mailing address and telephone number is required for each reference submitted.

SCREENING

All applications will be prescreened and only those candidates who best match the needs of the Town will be invited to compete further in the process. Applicants will be notified of the status of their application after the closing date for the position being filled. Unsuccessful applicants will be notified by mail after the position is filled.

REASONABLE ACCOMMODATIONS

The Town of Yucca Valley makes reasonable accommodation for the disabled, including an obligation to ensure that only the essential duties of the position are required to be performed. Applicants with disabilities who require special testing arrangements, must inform Human Resources in writing no later than the final filing date as stated on the job announcement. The Town of Yucca Valley reserves the right to request verification of disability if accommodations are requested.

TOWN APPOINTMENTS

Town appointments are contingent upon successful completion of a comprehensive background investigation, fingerprinting, medical and drug screening and verification of United States citizenship or legal authorization to be employed in the United States.

EOE/ADA

Only the Human Resources and Risk Manager has the authority to extend a job offer for a Town position.



Application for Employment

Human Resources Office
 57090 Twentynine Palms Highway
 Yucca Valley, CA 92284
 760.369.7207

Please read the job announcement completely to determine whether you meet the requirements of the position. Show clearly all previous work experience, education, and training which qualifies you for this position. False statements, incomplete, or an unsigned application are cause for rejection of application, removal of name from eligibility list, or dismissal from employment.

Fill out completely and deliver to the Human Resources Office.

(Please type or print)

TO ESTABLISH ELIGIBILITY FOR VETERAN'S PREFERENCE FOR OPEN RECRUITMENTS, APPLICANTS MUST ATTACH DD214 OR OTHER DOCUMENTARY EVIDENCE TO THIS APPLICATION.

Position Applying For:

Social Security Number:

Use of your Social Security Number is voluntary. Social Security Numbers are used for identification purposes only. If you do not wish to use your Social Security Number, we will assign you an identification number for application purposes only.

Legal Last Name:

Legal First Name:

Legal Middle Name:

If you have worked under another name, what name?

Street Address:

Mailing Address (if different):

City:

State:

Zip Code:

E-mail:

Home Telephone:

Message/Daytime/Cell Telephone:

DRIVERS LICENSE NUMBER:

Class:

Expiration Date:

State:

Restrictions:

ARE YOU RELATED TO ANY TOWN EMPLOYEE? YES NO

NAME OF RELATIVE: _____

RELATIONSHIP: _____

DEPARTMENT: _____

ARE YOU CURRENTLY EMPLOYED BY THE TOWN? YES NO

CURRENT JOB TITLE: _____

Explain all "Yes" responses from below:

Have you ever been fired or forced to resign from a position? YES NO

While in the military service were you ever convicted by a General Court Martial? YES NO



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Language Ability (Specify, other than English)

Language	Speak	Read	Write

Special Skills

Computer Software Used:	Beginner	Intermediate	Advanced
Word			
Excel			
Access			
PowerPoint			
Other			

Education (Last Elementary, Junior, or Senior High School Attended) Did you graduate from High School? YES NO

Name of School	Location	Graduate	GED

Name & Location of Colleges & Universities attended	Dates Attended From—To	Full or Part Time	Semester or Quarter	Major & Minor	Type of Degree	Date of Degree

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Name & Location of Colleges & Universities attended	Dates Attended From—To	Full or Part Time	Course(s) of Study	Certificate(s) or License(s) received	Date Received

Job Related Memberships/Certification applicable to position:



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Experience

List all jobs you have held regardless of duration. Start with your present or most recent job. Include all experience which may qualify you for the position including volunteer experience. If you have no work experience, please indicate "NONE". "SEE ATTACHED RESUME" is not acceptable in lieu of filling out this section. If you need more space you may attach additional sheets in the same format. Please identify any gaps in your employment history.

Current or Last Position

From: (Month/Year)	To: (Month/Year)	Job Title:	Hours worked/week:
Employer:		Address:	
Duties Performed:			
Name of Supervisor:	Phone:	Starting rate:	Ending rate:
Reason for Leaving:			
May we contact this Employer? (check one)	Yes	No	Notify Me First

Previous Position

From: (Month/Year)	To: (Month/Year)	Job Title:	Hours worked/week:
Employer:		Address:	
Duties Performed:			
Name of Supervisor:	Phone:	Starting rate:	Ending rate:
Reason for Leaving:			
May we contact this Employer? (check one)	Yes	No	Notify Me First

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Employer:		Address:	
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May we contact this Employer? (check one)	Yes	No	Notify Me First



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Employer:		Address:	
Duties Performed:			
Name of Supervisor:	Phone:	Starting rate:	Ending rate:
Reason for Leaving:			
May we contact this Employer? (check one)	Yes	No	Notify Me First

References

Give names and addresses of three persons, not related to you, who have knowledge of your character, work experience, and ability. Preferably list supervisors not shown in your work history or others who have observed you in a work situation.

Name:	Business/Occupation:
Address:	Phone:
Name:	Business/Occupation:
Address:	Phone:
Name:	Business/Occupation:
Address:	Phone:

Certificate of Applicant

I, the undersigned, hereby certify that all statements contained herein are true and correct to the best of my knowledge and belief. I give the Town of Yucca Valley the right to contact and obtain information from all references, employers, educational institutions and to otherwise verify the accuracy of the information contained in this application. I understand that untrue statements or material facts herein will disqualify me from employment with the Town and may be grounds for dismissal. Furthermore, if hired, I may be required to submit verification of any information provided on this application.

Signature of Applicant: _____

Date: _____



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Equal Opportunity Questionnaire

Notice

In order to comply with Federal Equal Employment Opportunity regulations and guidelines, employers must have data available on applicant flow patterns. For this reason, we would appreciate your voluntary cooperation in providing the following information. This information is confidential and will be used for statistical purposes only. This information will be detached from your application and will not be used to discriminate against or give preference to any individual in any personnel transition. This information may be provided to government officials investigating compliance status.

Name:	Date:
Position Applying For:	

Check the categories that apply to you:

Male

Female

Ethnic Category (check one)

Asian

All persons having origins in the original peoples of the Far East and the Philippines.

American Indian or Alaskan Native

All persons having origins in any of the original peoples of North America who maintain cultural identification through tribal affiliation or community recognition.

Native Hawaiian and Pacific Islander

All persons having origins in the original peoples of the Pacific Islands.

Black and African American, Non-Hispanic

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

Hispanic or Latino

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

White, Non-Hispanic

All persons having origins in any of the peoples of Europe, North Africa or the Middle East.

Where did you learn about this position?

Internet *Specify:* _____

Walk-in

Friend or Employee

Newspaper Advertisement *Specify:* _____

Other: _____