



CITY OF ROCKLIN

3970 Rocklin Road, Rocklin, California 95677

Telephone: (916) 625-5050 Fax: (916) 625-5099 Jobline: (916) 625-5060

www.rocklin.ca.us

EMPLOYMENT APPLICATION

An Equal Opportunity/Affirmative Action Employer

READ THE FOLLOWING INSTRUCTIONS AND APPLICABLE JOB ANNOUNCEMENT CAREFULLY BEFORE COMPLETING THIS APPLICATION: Type or neatly print your application in black or blue ink. All sections **MUST** be answered completely and accurately. An incomplete application may disqualify you. Applicants must meet all qualifications for the position by the application deadline unless otherwise specified in the job announcement.

PERSONAL INFORMATION

EXACT TITLE OF POSITION: _____

NAME: _____
Last First Middle

MAILING ADDRESS: _____
City State Zip

EMAIL ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____ MESSAGE PHONE: _____

Do you possess a valid driver's license *(May be required for position)*? Yes No

Are you a U.S. Citizen? Yes No

If not, do you have the legal right to remain permanently in the U.S.? Yes No

Will you accept: PART-TIME WORK? Yes No TEMPORARY WORK? Yes No

Do you claim Veteran's Preference? *(Not given in promotional selection process)* Yes No
Attach non-returnable copy of DD-214 if claiming Veteran's Preference.

NOTE: There are specific criteria that must be met to qualify for Veteran's Preference. Please see the City of Rocklin's [VETERAN'S PREFERENCE GUIDELINES](#), available in the Human Resources Office.

Do you currently work for a CalPERS employer (i.e. City or State Agency)? Yes No

Do you have service credit in the California Public Retirement System (CalPERS)? Yes No

EDUCATION/TRAINING/SPECIAL QUALIFICATIONS

****Submit verification of your college education such as copies of your diplomas or transcripts with application.****

Education equivalent to the completion of the 12th grade? Yes No

College/University/Trade School or Special Training	Course of Study/Major	Type of Degree or Certificate

Certificates of Training, Licenses, or Professional Registration (include date issued and registration number if applicable):

Describe any job related skills, knowledge or special training you may possess. Include software programs in which you are proficient.

EMPLOYMENT HISTORY/WORK EXPERIENCE

DO NOT INDICATE "SEE RESUME." This section must be completed even if supplemented by a resume. List all jobs in the last 10 years. Be specific in describing your duties. Be sure to list change in title or promotion separately. If qualifying experience is part-time or voluntary, list the number of hours per week spent performing the work. Qualifying experience is based on 40 hours per week (prorated if less than 40 hours/week). Give specifics on the experience that you believe meets the entrance requirements for the position for which you are applying. Go back more than 10 years if necessary. Attach additional copies of this page if necessary. Begin with your present job and work backwards. Account for periods of unemployment in excess of 90 days.

ARE YOU CURRENTLY EMPLOYED? IF SO, MAY WE CONTACT YOUR PRESENT EMPLOYER? Yes No

Present or Most Current Employer: _____

Address: _____

Street

City

State

Zip Code

Exact Title of Position: _____ Employed from: _____ to _____

Hours Worked Per Week: _____ Supervisor Name/Title/Phone Number: _____

Duties and Responsibilities:

Reason for Leaving: _____

Present or Most Current Employer: _____

Address: _____

Street

City

State

Zip Code

Exact Title of Position: _____ Employed from: _____ to _____

Hours Worked Per Week: _____ Supervisor Name/Title/Phone Number: _____

Duties and Responsibilities:

Reason for Leaving: _____

Present or Most Current Employer: _____

Address: _____

Street

City

State

Zip Code

Exact Title of Position: _____ Employed from: _____ to _____

Hours Worked Per Week: _____ Supervisor Name/Title/Phone Number: _____

Duties and Responsibilities:

Reason for Leaving: _____

DISCLOSURE

If your answer is Yes to the following question, please give details in the space provided below. Attach additional sheets if necessary.

Have you ever been terminated or asked to resign from a position? Yes No
If yes, give name and address of employer, date of occurrence, and the reason.
CITE ALL SUCH CASES.

RELEASE/CERTIFICATION

Before date of hire, applicant will be required to provide social security number, be fingerprinted, pass a medical examination that includes drug screening, and submit proof of U.S. Citizenship or legal right to remain and work in the U.S. Applicants may also be required to submit proof of age and undergo a background check and possibly a psychological evaluation. Applicants who fail the pre-employment drug screening will not be eligible to apply for employment with the City of Rocklin for one year from the date of the drug screening.

I hereby give permission to the City of Rocklin, its officers, agents, and employees to seek to verify and supplement the information set forth in the employment application for the position of _____, and I release from all liability, damages, or legal claims every person seeking or providing information, whether oral or written, for this purpose. A photocopy or facsimile of this release shall be as valid as the original, and may be relied upon by all persons providing information.

All information furnished is deemed strictly confidential and shall be available to no person other than management personnel of this City. I understand that I am not entitled to and will not have access to any information provided.

The City of Rocklin takes very seriously any false or misleading information provided by applicants on a job application, resume, or related materials or other statements of fact submitted by job applicants to be considered for employment. Any oral or written statements or documents supplied by a job applicant that contains false or misleading information will result in the City of Rocklin's refusal to hire the applicant, and if discovered after employment begins, will result in immediate dismissal from employment.

My signature certifies I completed this application, and that all entries on it and information in it are true and correct.

Signature of Applicant

Printed Name

Date

ETHNIC SELF IDENTIFICATION FORM

The City of Rocklin is an equal opportunity/affirmative action employer. In order to assess the City's recruiting program and to comply with federal government record keeping requirements, we are asking all applicants for employment to complete this form. This information will not be attached to your application and will be used for research and evaluation purposes only. Completion of this form is voluntary. Your cooperation in providing this information is greatly appreciated.

Position Applied For: _____ Date: _____

Male Female Nonbinary

Are you over 40 years of age? Yes No

ETHNIC ORIGIN

- Native American: Persons who identify themselves or are known as such by virtue of tribal association. Includes American Indian, Alaskan, and Eskimo.
- Filipino: All persons of Filipino descent.
- Black: All persons having origins in any of the Black racial groups of Africa.
- Caucasian: Persons of Indo-European descent except those included in other groups.
- Asian: Persons of Chinese, Indo-Chinese, Japanese or Korean descent.
- Hispanic: All Persons of Mexican, Latin American, Spanish or Portuguese descent except those who are Black.
- Pacific Islander: Persons of Polynesian descent who are not included in any other group.
- Other: _____

RECRUITMENT RESEARCH

Indicate how you learned about this recruitment (check only one)

- | | |
|---|--|
| <input type="checkbox"/> Sacramento Bee | <input type="checkbox"/> City Jobline |
| <input type="checkbox"/> California Job Journal | <input type="checkbox"/> City Bulletin Board |
| <input type="checkbox"/> Jobs Available | <input type="checkbox"/> City Web Page |
| <input type="checkbox"/> PORAC | <input type="checkbox"/> Job Fair/Trade Show |
| <input type="checkbox"/> CPRS | <input type="checkbox"/> School/Placement Office |
| <input type="checkbox"/> Newspaper or trade publication other than those listed above | <input type="checkbox"/> Organization or group _____ |
| <input type="checkbox"/> _____ | <input type="checkbox"/> EDD |
| <input type="checkbox"/> Friend/family member | <input type="checkbox"/> Internet Service: _____ |
| | <input type="checkbox"/> Other: _____ |

THANK YOU FOR YOUR INTEREST IN THE CITY OF ROCKLIN