



# EMPLOYMENT APPLICATION

## CITY OF MENIFEE

29714 Haun Road, Menifee, CA 92586

Phone 951-672-6777 Fax 951-679-3843

Visit our web site at: [www.cityofmenifee.us](http://www.cityofmenifee.us)

EQUAL OPPORTUNITY EMPLOYER

This application is the initial part of the examination process. Read the Employment Opportunity Announcement thoroughly and note the job requirements. PRINT in ink or use a typewriter to complete the application. A complete application is required. Incomplete applications may be DISQUALIFIED. Clearly state your qualifications. If a question does not apply to you, write N/A. A separate application is required for each position at the City. Avoid any reference to religion, politics, race, sex or other non-job related traits. A resume may also be included, but may not be substituted for a complete City application. The application and all attached documents become property of the City of Menifee and will not be returned. Applications received after the filing date will not be accepted.

POSITION APPLIED FOR : \_\_\_\_\_ DATE : \_\_\_\_\_  
( Print exact title )

NAME : \_\_\_\_\_  
Last First Middle

ADDRESS: \_\_\_\_\_ TELEPHONES:  
Home: (\_\_\_\_) \_\_\_\_\_  
Number Street Apt. Work: (\_\_\_\_) \_\_\_\_\_

CITY: \_\_\_\_\_ STATE/ZIP: \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

OTHER NAMES YOU HAVE USED OR ARE KNOWN BY \_\_\_\_\_ e-mail: \_\_\_\_\_

CAN YOU, AFTER EMPLOYMENT, SUBMIT VERIFICATION OF YOUR RIGHT TO WORK IN THE UNITED STATES?

ARE ANY RELATIVES EMPLOYED BY THE CITY OF MENIFEE? YES ( ) NO ( ) IF YES, PLEASE LIST.

WILL YOU ACCEPT TEMPORARY WORK? YES [ ] NO [ ] PART TIME? YES [ ] NO [ ]

WILL YOU ACCEPT SHIFT, EVENING OR WEEKEND WORK, IF REQUIRED? YES [ ] NO [ ]

HAS YOUR DRIVER'S LICENSE EVER BEEN SUSPENDED OR REVOKED? (CALIFORNIA LICENSE REQUIRED FOR POSITIONS WHICH REQUIRE DRIVING)  
YES [ ] NO [ ] IF YES, PLEASE EXPLAIN:

DRIVER'S LICENSE NO. EXPIRATION DATE:

### SPECIAL QUALIFICATIONS

List licenses, certificates and/or registrations required for this job.

TITLE	DATE ISSUED	DATE EXPIRES	NUMBER
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### EDUCATION & TRAINING :

Circle Highest Grade Completed 8 9 10 11 12 G.E. D. College 1 2 3 4 Grad Work? Yes No

Colleges or Universities attended	Location	Units Completed		Major Subject	Type of Degree or Certificate	Date Degree or Cert. Awarded
		Semester	Quarter			

**EMPLOYMENT RECORD:** Begin with present or most recent position. **List work record for past ten years, and include any other pertinent experience.** You may attach a resume but it is **NOT** a substitute for completing this section. Attach additional sheets if necessary.

**MUST COMPLETE**

FROM: Month/Year	TO: Month / Year	Total No. Months	Exact Title of Position:	
Employer Name: Phone No: ( )			Your duties were:	
Street Address:				
City: State: Zip:				
Name and Title of supervisor:				
Reason for leaving:				
FROM: Month/Year	TO: Month / Year	Total No. Months	Exact Title of Position:	
Employer Name: Phone No: ( )			Your duties were:	
Street Address:				
City: State: Zip:				
Name and Title of supervisor:				
Reason for leaving:				
FROM: Month/Year	TO: Month / Year	Total No. Months	Exact Title of Position:	
Employer Name: Phone No: ( )			Your duties were:	
Street Address:				
City: State: Zip:				
Name and Title of supervisor:				
Reason for leaving:				
FROM: Month/Year	TO: Month / Year	Total No. Months	Exact Title of Position:	
Employer Name: Phone No: ( )			Your duties were:	
Street Address:				
City: State: Zip:				
Name and Title of supervisor:				
Reason for leaving:				
FROM: Month/Year	TO: Month / Year	Total No. Months	Exact Title of Position:	
Employer Name: Phone No: ( )			Your duties were:	
Street Address:				
City: State: Zip:				
Name and Title of supervisor:				
Reason for leaving:				

## APPLICANT'S AUTHORIZATION TO RELEASE INFORMATION

As an applicant for a position with the City of Menifee, I hereby authorize past employers and educational institutions to provide information about my work and educational history for use in determining my qualifications for this position.

I understand that this authorization for the release of information shall remain in effect for a period of up to one year from the the date signed.

The City of Menifee may release or verify the following (please check the categories that can be released):

Any information requested **OR**

### **Current and Past Employers:**

- Salary History
- Dates of Employment
- Positions Held
- Duties and Responsibilities
- Attendance Record
- Reason(s) for leaving

### **Educational Institutions:**

- Years of attendance
- Degrees attained
- Transcripts

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## CERTIFICATION OF APPLICATION

I hereby certify that all statements made herein or otherwise by me in applying for a position of employment with the City of Menifee are true and correct. I understand and agree that my misstatement or omission of material fact will cause forfeiture of my rights to employment by the City of Menifee. I understand that employment is contingent upon my provision of written verification of my identity and legal right to work in the United States.

Signature\_\_\_\_\_

Date\_\_\_\_\_