

**CITY OF VISALIA  
HUMAN RESOURCES**

707 W. ACEQUIA AVE  
VISALIA, CA 93291  
(559) 713-4300  
(559) 713-4803 FAX



**HOURLY EMPLOYMENT APPLICATION**

Please type or print in ink. Incomplete or illegible applications will not be accepted. **Return completed applications to Human Resources**

TITLE OF POSITION					
APPLICANT NAME					
<i>(Last)</i>		<i>(First)</i>		<i>(Middle)</i>	
ADDRESS					
<i>(Number / Street)</i>		<i>(City)</i>	<i>(State)</i>	<i>(Zip)</i>	
HOME TELEPHONE	CELL PHONE	I AM AVAILABLE FOR EMPLOYMENT ON A <input type="checkbox"/> PART TIME BASIS <input type="checkbox"/> FULL TIME BASIS		AVAILABLE FOR SHIFT <input type="checkbox"/> DAY <input type="checkbox"/> SWING <input type="checkbox"/> NIGHT	
<b>PLEASE CHECK YES OR NO AFTER THE FOLLOWING QUESTIONS:</b>				<b>YES</b>	<b>NO</b>
1. HAVE YOU EVER WORKED FOR THE CITY OF VISALIA?				<input type="checkbox"/>	<input type="checkbox"/>
2. ARE YOU UNDER AGE 16?				<input type="checkbox"/>	<input type="checkbox"/>
3. CAN YOU, BEFORE EMPLOYMENT, SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES?				<input type="checkbox"/>	<input type="checkbox"/>
4. DO YOU HAVE ANY RELATIVE(S) CURRENTLY EMPLOYED BY THE CITY OF VISALIA? IF YES, COMPLETE THE FOLLOWING:				<input type="checkbox"/>	<input type="checkbox"/>
NAME:		DEPARTMENT:	RELATIONSHIP:		
EDUCATION AND TRAINING      Check Highest Grade Completed: <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> (GED)      COLLEGE <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> POST GRADUATE					
COLLEGE / UNIVERSITY	LOCATION	MAJOR SUBJECT	UNITS COMPLETED	DEGREE OR CERTIFICATE	
WHAT LANGUAGES(S) OTHER THAN ENGLISH, DO YOU SPEAK AND UNDERSTAND FLUENTLY? <input type="checkbox"/> READ, <input type="checkbox"/> SPEAK, <input type="checkbox"/> WRITE					
LICENSES, CERTIFICATIONS OR PROFESSIONAL REGISTRATIONS (INCLUDE DRIVER'S LICENSE)					
DRIVER'S LICENSE NO. _____		STATE _____	EXPIRATION DATE _____		
CERTIFICATION _____		NO. _____	EXPIRATION DATE _____		
CERTIFICATION _____		NO. _____	EXPIRATION DATE _____		
IF APPLICABLE TO THE POSITION YOU ARE SEEKING, INDICATE OTHER SKILLS YOU POSSESS OR EQUIPMENT YOU OPERATE.					
KEYBOARD SPEED _____ CWPM		OTHER _____			
IN CASE OF EMERGENCY, PLEASE NOTIFY:					
NAME: _____		RELATIONSHIP: _____	PHONE: _____		
<b>FOR OFFICIAL USE ONLY</b>					
<input type="checkbox"/> REG F/T	<input type="checkbox"/> REG P/T	<input type="checkbox"/> HOURLY	ANALYST: _____	ACCEPTED: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NMQ	
DATE: _____		DISQUALIFIED: <input type="checkbox"/> D.L. <input type="checkbox"/> EDUC <input type="checkbox"/> EXP		OTHER: _____	

**AN EQUAL OPPORTUNITY EMPLOYER**

List your work experience for the last 10 years beginning with your current or most recent experience. Include Military or volunteer services if it is related to this position. List each promotion separately. Attach additional sheets if necessary. Experience beyond 10 years ago should be included only if it is directly related to the position for which you are applying.

A resume may be attached but is not to be a substitute for completing this section. **THIS SECTION MUST BE COMPLETED.** Failure to follow these instructions will eliminate you from consideration for the position

NAME OF EMPLOYER		JOB TITLE		HOURS PER WEEK
STREET ADDRESS		NO. OF PERSONS YOU SUPERVISED	NAME OF IMMEDIATE SUPERVISOR	
CITY	STATE	ZIP	MAY WE CONTACT NOW YES <input type="checkbox"/> NO <input type="checkbox"/>	REASON FOR LEAVING
PHONE NUMBER		BRIEF DESCRIPTION OF DUTIES		
DATES EMPLOYED				
From: Month/Yr.		To: Month/Yr.		
STARTING SALARY \$	FINAL SALARY \$			
NAME OF EMPLOYER		JOB TITLE		HOURS PER WEEK
STREET ADDRESS		NO. OF PERSONS YOU SUPERVISED	NAME OF IMMEDIATE SUPERVISOR	
CITY	STATE	ZIP	MAY WE CONTACT NOW YES <input type="checkbox"/> NO <input type="checkbox"/>	REASON FOR LEAVING
PHONE NUMBER		BRIEF DESCRIPTION OF DUTIES		
DATES EMPLOYED				
From: Month/Yr.		To: Month/Yr.		
STARTING SALARY \$	FINAL SALARY \$			
NAME OF EMPLOYER		JOB TITLE		HOURS PER WEEK
STREET ADDRESS		NO. OF PERSONS YOU SUPERVISED	NAME OF IMMEDIATE SUPERVISOR	
CITY	STATE	ZIP	MAY WE CONTACT NOW YES <input type="checkbox"/> NO <input type="checkbox"/>	REASON FOR LEAVING
PHONE NUMBER		BRIEF DESCRIPTION OF DUTIES		
DATES EMPLOYED				
From: Month/Yr.		To: Month/Yr.		
STARTING SALARY \$	FINAL SALARY \$			
NAME OF EMPLOYER		JOB TITLE		HOURS PER WEEK
STREET ADDRESS		NO. OF PERSONS YOU SUPERVISED	NAME OF IMMEDIATE SUPERVISOR	
CITY	STATE	ZIP	MAY WE CONTACT NOW YES <input type="checkbox"/> NO <input type="checkbox"/>	REASON FOR LEAVING
PHONE NUMBER		BRIEF DESCRIPTION OF DUTIES		
DATES EMPLOYED				
From: Month/Yr.		To: Month/Yr.		
STARTING SALARY \$	FINAL SALARY \$			
NAME OF EMPLOYER		JOB TITLE		HOURS PER WEEK
STREET ADDRESS		NO. OF PERSONS YOU SUPERVISED	NAME OF IMMEDIATE SUPERVISOR	
CITY	STATE	ZIP	MAY WE CONTACT NOW YES <input type="checkbox"/> NO <input type="checkbox"/>	REASON FOR LEAVING
PHONE NUMBER		BRIEF DESCRIPTION OF DUTIES		
DATES EMPLOYED				
From: Month/Yr.		To: Month/Yr.		
STARTING SALARY \$	FINAL SALARY \$			

#### CERTIFICATION

1. I HEREBY CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND COMPLETE AND ANY MISSTATEMENTS, OMISSIONS, OR FALSIFICATION OF MATERIAL FACTS WILL BE CONSIDERED CAUSE FOR TERMINATION OF MY EMPLOYMENT WITH THE CITY OF VISALIA.
2. I UNDERSTAND THAT EMPLOYMENT IS CONTINGENT UPON SUCCESSFUL COMPLETION OF A JOB-RELATED BACKGROUND, PHYSICAL EXAMINATION AND DRUG / ALCOHOL SCREENING.
3. I AUTHORIZE THE RELEASE OF ANY INFORMATION NECESSARY TO VERIFY THE STATEMENTS MADE IN THIS APPLICATION TO THE CITY OF VISALIA, AND I RELEASE ANYONE FROM ANY AND ALL LIABILITIES ARISING FROM PROVIDING SUCH INFORMATION.
4. I UNDERSTAND THAT EMPLOYMENT IS CONTINGENT UPON PROVIDING VERIFICATION OF MY IDENTITY AND LEGAL RIGHT TO WORK IN THE U.S.
5. I UNDERSTAND THAT IF EMPLOYED IN AN HOURLY (AT-WILL) POSITION, MY EMPLOYMENT RELATIONSHIP MAY BE TERMINATED FOR ANY REASON AND AT ANY TIME.

DATE: \_\_\_\_\_

SIGNATURE OF APPLICANT **X** \_\_\_\_\_