Print Form

CITY OF LOMA LINDA

EMPLOYMENT APPLICATION
EQUAL OPPORTUNITY EMPLOYER
PERSONNEL OFFICE
25541 BARTON ROAD, LOMA LINDA CA 92354
TELEPHONE (909) 799-2814
www.lomalinda-ca.gov

1. Please read employment opportunity bulletin before filling out application.
2. Print in ink or type. This application is part of your examination and should be carefully and completely filled in.
3. Answer all questions.
4. Resumes will not be accepted in lieu of application.
5. At the time of employment, proof of age and U.S. citizenship or legal right to work in U.S.A. is required.
6. False statements or omission of material facts will result in rejection of your application.

NAME _____
Last First Middle

ADDRESS _____
Number Street City State Zip

TELEPHONE ( ) ( ) ( )
Home Business Message

Exact Title of Position for Which You Are Applying

What is the Highest Educational Level You Have Completed?	Last High School Attended
☐9 ☐10 ☐11 ☐12 ☐13 ☐14 ☐15 ☐16 ☐17 ☐18	Location

Names and Locations of Colleges, Trade Schools or Universities Attended	Total Units	Degree

List specific subjects taken in college, trade or military service schools which are directly applicable to this position. Include any special skills, certificates or licenses of professional or vocational competence you have.

Subjects/Certificates/Licenses	Units	School	Dates Granted

Have you ever had a license or certificate (required for the position you are applying for) suspended or revoked or have you ever been placed on probation as the holder of the specified license or certificate? If yes, please list below including the current status. ☐ YES ☐ NO

Date	Action	Status

How did you find out about this job opportunity? ☐ The Sun ☐ Press Enterprise ☐ Internet ☐ Employment Bulletin ☐ Trade Publications ☐ Friend ☐ Other (list)

Social Security Number (Optional)

Have you applied for employment with the City of Loma Linda in the last 6 months? ☐ YES ☐ NO

Are you between the ages of 18 and 70? ☐ YES ☐ NO

Are you able to perform the tasks of the job applied for with or without accommodation? Please explain accommodations necessary, if any, in "Remarks" section on reverse side. Applicants who require special testing accommodations must contact the Personnel Office prior to final filing date. ☐ YES ☐ NO

Have you ever served in the United States Armed Forces? ☐ YES ☐ NO

Branch	Relevant skills acquired during service
Service Specialty	

IMPORTANT: Read the following carefully and answer completely. A conviction is not an automatic bar to employment. Each case is considered on its merits.
Have you, as an adult (age 18 & over), ever been convicted of any offense including reckless driving or driving under the influence? If yes, list below. Do not list minor traffic violations. ☐ YES ☐ NO

Offense	Date	Place	Sentence/Fine

Do you have a valid driver's license? (if job required) ☐ YES ☐ NO
If yes, Number Class State

If a driver's license is required by the job, have you received any tickets for moving violations in the last three years? If yes, list violation and date received. ☐ YES ☐ NO

Do you have a relative(s) employed by the City of Loma Linda at this time or are you related to any elected official, board, commission or committee member? ☐ YES ☐ NO
If yes, please answer the following:
Name of relative and relationship
Division for which relative(s) work

EXPERIENCE

Start with your present position and work back. This information must be as complete and accurate as possible in order that your experience may receive a proper evaluation. List **ALL of the positions you have held in the past 10 years**. Also list any previous positions held if applicable to the position for which you are applying. Account for any periods of self-employment or unemployment. Use additional paper or applications to complete 10 years work history, if needed.

Failure to provide all information required may result in rejection of application. Resumes not accepted in lieu of application.

From: Mo/Yr To: Mo/Yr	Position title Hours Worked wk mo
Name and address of employer Telephone ( ) Supervisor	Duties
Reason for desiring change	No. Supervised (if any) Starting Salary $ Final Salary $
Do you object to having your present employer contacted ☐ yes ☐ no	If yes, explain
From: Mo/Yr To: Mo/Yr	Position title Hours Worked wk mo
Name and address of employer Telephone ( ) Supervisor	Duties
Reason for leaving	No. Supervised (if any) Starting Salary $ Final Salary $
From: Mo/Yr To: Mo/Yr	Position title Hours Worked wk mo
Name and address of employer Telephone ( ) Supervisor	Duties
Reason for leaving	No. Supervised (if any) Starting Salary $ Final Salary $
From: Mo/Yr To: Mo/Yr	Position title Hours Worked wk mo
Name and address of employer Telephone ( ) Supervisor	Duties
Reason for leaving	No. Supervised (if any) Starting Salary $ Final Salary $
Remarks (attach additional sheets if necessary):	

CERTIFICATE OF APPLICANT (Read carefully before signing) - I hereby certify that all answers to the questions on this application are true and complete to the best of my knowledge and belief, and I agree and understand that any misstatements of material facts or omissions herein will cause forfeiture on my part of all rights to any employment in the service of the City of Loma Linda. I understand that untruthfulness or misleading answers are cause for rejection of this application, removal from an eligibility list, or dismissal from City employment. I certify that I have read and meet the specific requirements listed on the announcement for this position. I understand that I may be requested to submit proof of qualifications at a later date. If, upon checking these, you determine that I do not meet the specific requirements, I understand that I will be disqualified. I hereby agree to allow inquiry and access to credit history and employment information and personnel records from my former employers and authorize my former employers and creditors or credit reporting agencies to release such information to the City or its representatives.

Date _____ Signature _____