

# Town of Apple Valley

Human Resources Department  
14955 Dale Evans Parkway  
Apple Valley, CA 92307  
(760) 240-7000 Ext. 7600

## EMPLOYMENT APPLICATION

I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between The Town of Apple Valley and myself for either employment or for the providing of any benefit and that no promises regarding employment have been made to me by the Town of Apple Valley. Please complete all questions. Exclude any which may indicate national origin, sex, race, color, religion or age. All information will be treated confidentially. Incomplete or unsigned applications will not be accepted.

**TYPE OF  
EMPLOYMENT  
DESIRED:**

Position Applying For: \_\_\_\_\_ Salary Expected: \_\_\_\_\_

Date Available: \_\_\_\_\_ Applying for:  Full Time  Part Time  Seasonal

**PERSONAL:**

*In compliance with Federal and State Equal Opportunity Laws and the policy of the Town of Apple Valley, new employees are selected, and current employees promoted, on the basis of qualifications without regard to race, color, religion, sex, national origin, age, marital status, or the presence of a non-job related medical condition or handicap, and veteran status.*

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

\_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone No. \_\_\_\_\_ Alt. Telephone No. \_\_\_\_\_

Email Address \_\_\_\_\_ May we send you employment notifications via email?  Yes  No

Have you ever been employed by the Town of Apple Valley?  Yes  No Explanation: \_\_\_\_\_

Do you have any relatives employed with the Town of Apple Valley?  Yes  No

If yes, name \_\_\_\_\_

Please check (✓) those work schedules listed below which you would be willing or able to work if required.

Full Time  Part Time  Temporary  Shift Work  Weekends  Holidays

Indicate any work schedule restrictions:

\_\_\_\_\_  
\_\_\_\_\_

Are you at least 18 years of age?  Yes  No

Do you have a California Drivers License?  Yes  No  Class A  Class B  Class C  Class M

**COMMENTS AND  
ACCOMPLISHMENTS:**

*Describe any areas of specialization that are job related. Exclude any which indicate race, national origin, creed, color or ancestry of its members*

CPR Certified  Yes  No Date Expires \_\_\_\_\_ Typing Speed \_\_\_\_\_

First Aid  Yes  No Date Expires \_\_\_\_\_ Shorthand \_\_\_\_\_

List any foreign languages: \_\_\_\_\_

Vocational training/special courses of study:

\_\_\_\_\_  
\_\_\_\_\_

List any professional certificates or licenses you have obtained (including state, date of expiration and registration/license number)

\_\_\_\_\_  
\_\_\_\_\_

List computer, software, office machines or factory equipment you can operate:

\_\_\_\_\_  
\_\_\_\_\_

**REFERENCES:**

*(Do not list relatives or former employers)*

Name Telephone Occupation Yrs. Known

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Circle Highest Grade Completed**

**ELEMENTARY**  
1 2 3 4 5 6 7 8

**SECONDARY**  
9 10 11 12

**ADVANCED**  
1 2 3 4

**Do you have a high school equivalency certificate/G.E.D. \_\_\_ Yes \_\_\_ No**

**EDUCATION**

**BACKGROUND:**

List High School, Colleges, Military or Trade Schools.

Name and Address of Schools	Major and Option	Grade Point Avg. or Rank in Class	Type of Degree
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If no degree, how many units were completed? \_\_\_\_\_

Extracurricular Activities and Scholarships: \_\_\_\_\_

**EMPLOYMENT**

**BACKGROUND:**

List all employment in the last ten years or since graduation beginning with your present or most recent position.

1. Employer \_\_\_\_\_ Employed From \_\_\_\_\_ To \_\_\_\_\_  
Mo. Yr Mo. Yr

Address \_\_\_\_\_  
Street City State Zip Code

May we contact this employer for reference? \_\_\_ Yes \_\_\_ No Telephone (\_\_\_\_) \_\_\_\_\_

Name and Title of Last Supervisor \_\_\_\_\_

Your Current or Last Position and Duties \_\_\_\_\_

Your Starting Position and Duties \_\_\_\_\_

Reason(s) for Leaving: \_\_\_\_\_

Current or Last Base Pay Annual \$ \_\_\_\_\_ Initial Base Pay Annual \$ \_\_\_\_\_

Other Compensation (Give details on commissions, incentives, bonuses, etc.) \_\_\_\_\_

2. Employer \_\_\_\_\_ Employed From \_\_\_\_\_ To \_\_\_\_\_  
Mo. Yr Mo. Yr

Address \_\_\_\_\_  
Street City State Zip Code

May we contact this employer for reference? \_\_\_ Yes \_\_\_ No Telephone (\_\_\_\_) \_\_\_\_\_

Name and Title of Last Supervisor \_\_\_\_\_

Your Current or Last Position and Duties \_\_\_\_\_

Your Starting Position and Duties \_\_\_\_\_

Reason(s) for Leaving: \_\_\_\_\_

Current or Last Base Pay Annual \$ \_\_\_\_\_ Initial Base Pay Annual \$ \_\_\_\_\_

Other Compensation (Give details on commissions, incentives, bonuses, etc.) \_\_\_\_\_

3. Employer \_\_\_\_\_ Employed From \_\_\_\_\_ To \_\_\_\_\_  
Mo. Yr. Mo. Yr

Address \_\_\_\_\_  
Street City State Zip Code

May we contact this employer for reference? \_\_\_\_ Yes \_\_\_\_ No Telephone (\_\_\_\_) \_\_\_\_\_

Name and Title of Last Supervisor \_\_\_\_\_

Your Current or Last Position and Duties \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your Starting Position and Duties \_\_\_\_\_  
\_\_\_\_\_

Reason(s) for Leaving \_\_\_\_\_

Current or Last Base Pay Annual \$ \_\_\_\_\_ Initial Base Pay Annual \$ \_\_\_\_\_

Other Compensation (Give details on commissions, incentives, bonuses, etc.) \_\_\_\_\_

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4. Employer \_\_\_\_\_ Employed From \_\_\_\_\_ To \_\_\_\_\_  
Mo. Yr. Mo. Yr

Address \_\_\_\_\_  
Street City State Zip Code

May we contact this employer for reference? \_\_\_\_ Yes \_\_\_\_ No Telephone (\_\_\_\_) \_\_\_\_\_

Name and Title of Last Supervisor \_\_\_\_\_

Your Current or Last Position and Duties \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your Starting Position and Duties \_\_\_\_\_  
\_\_\_\_\_

Reason(s) for Leaving \_\_\_\_\_

Current or Last Base Pay Annual \$ \_\_\_\_\_ Initial Base Pay Annual \$ \_\_\_\_\_

Other Compensation (Give details on commissions, incentives, bonuses, etc.) \_\_\_\_\_

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I hereby certify that all answers and statements given by me are true and correct, without reservations of any kind, and that no attempt has been made by me to conceal pertinent information. I understand that falsification, omission or misstatement of information may result in refusal to hire or, if hired, dismissal from employment. I understand that any offer of employment shall be conditioned on taking and passing a medical and/or psychological examination, including drug and alcohol tests, to determine if I am able to perform the essential functions of the position for which I am applying, with or without reasonable accommodation. I also understand that, if employed, I may be required to undergo physical and/or psychological examinations for job related reasons during my employment. I authorize former employers, schools, personal references, and other sources of information about me to give any information they may have about me. I hereby release and hold them and their organizations harmless from any and all liability for issuing such information. If, upon investigation, anything is found that would be potentially detrimental to the Town's operation, in any way, I understand that I may not be employed, and if I am already employed, I will be subject to dismissal from employment at any time, and I agree to release and hold harmless the Town of Apple Valley, its officials, employees and agents in that event. I understand and agree that if hired, my employment relationship with the Town of Apple Valley is at will and may be terminated by either party at any time and, further, that only written representations and promises by the Town Manager or the Town Council of the Town of Apple Valley will be enforceable. I hereby acknowledge that it is the policy of the Town not to disclose to the applicant, or if employed, the employee, the results of the Town's reference checks concerning the applicant and/or employee, whether favorable or unfavorable, and I agree with its policy and release and hold harmless the Town of Apple Valley, its officials, employees and agents for such nondisclosure. I understand that the benefits and rules and regulations of the Town of Apple Valley may be changed, modified, deleted or added to at anytime at the Town's sole option and without any prior notice. If employment is obtained, I will comply with all assignments, work hours and schedules, orders, rules and regulations of the Town, as they exist from time to time. I understand and agree that, if employed by the Town of Apple Valley, the Town has the right to search any property owned by the Town of Apple Valley and used by me in the course of my employment with the Town of Apple Valley, including, but not limited to, desks, cabinets, vehicles, files, computers, electronic mail, and voice mail; and I understand and agree that any personal property, including, but not limited to, handbags, briefcases, and vehicles brought onto Town property are subject to search by Town representatives. I understand and agree to such searches and release and hold harmless the Town of Apple Valley, its officials, employees and agents for any such searches. I certify that I have read and understand all the terms of this employment application and that this application will remain active for no more than one year.

\_\_\_\_\_  
Name (Please Print) Signature Date

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***We appreciate your interest and thank you for your time and effort in completing this application.  
The Town of Apple Valley is an equal opportunity employer.***

**THE TOWN OF APPLE VALLEY**  
**Applicant Data Record**

Applicants are considered for all positions, and employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap. As employers, we comply with government regulations and affirmative action responsibilities. Solely to help us comply with government record keeping, reporting and other legal requirements, please fill out this form. We appreciate your cooperation. This data is for periodic government reporting and will be kept in a **Confidential File** separate from the Application for Employment. Thank you!

(PLEASE PRINT OR TYPE)

Date \_\_\_\_\_

Name \_\_\_\_\_ Phone No. \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State Zip

Social Security # \_\_\_\_\_

Position(s) Applied For \_\_\_\_\_

Referral Source:  Advertisement  Friend  Agency  Relative  Other \_\_\_\_\_

**Affirmative Action Survey**

Government agencies require periodic reports on the sex, ethnicity, handicapped and veteran status of applicants. This data is for analysis and affirmative action only. *Submission of information is voluntary.*

Check one:

Sex:  Male  Female

Age Group:  Under 40  40 or Over

Marital Status:  Single  Married  Divorced  Widowed

Education: Circle highest year completed: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18+

Check one of the following:

Race/Ethnic Group:

Caucasian  Black  American Indian or Alaska Native  
 Asian or Pacific Islanders  Hispanic

Check if any of the following are applicable.

Vietnam Era Veteran  Disabled Veteran  Handicapped Individual