



City of Montclair
Employment Application

5111 Benito St.
Mailing Address: P.O. Box 2308 Montclair, CA 91763
909-625-9407

FOR OFFICE USE ONLY
Date Received:
Received By:

INSTRUCTIONS: This application must be completely filled out and signed to be accepted. PLEASE TYPE OR PRINT RESPONSES.

POSITION TITLE:

NAME: Last First M.I.

MAILING ADDRESS: Number Street
City State ZIP Code

HOME PHONE: CELL PHONE:

E-MAIL ADDRESS:

AGE: (Employment is subject to verification that your age meets any legal requirements for the applicable position.)
Are you 18 years of age or older? YES NO

DRIVER LICENSE: Do you have a current valid California Driver License? YES NO

CITY EMPLOYMENT:

- 1. Are you a current or past employee of the City of Montclair? YES NO
If "YES," what department?
2. Do you have any family members currently working for the City of Montclair? YES NO
If "YES," what department?

CALIFORNIA PUBLIC EMPLOYEES RETIREMENT SYSTEM (CalPERS) MEMBER:

- 1. Are you a past/current member of CalPERS? YES NO
2. Are you a CalPERS retired annuitant? YES NO
If "YES", what is the date of your retirement?

TYPE OF EMPLOYMENT AND HOURS YOU WILL ACCEPT (Check all that apply):

Full Time Part Time Shift Work Day Evening Night Weekend

APPLICATIONS FOR POLICE OFFICER AND POSITIONS WORKING WITH CHILDREN: Supplemental Questionnaire for Police or Recreation & Learning required (available at www.cityofmontclair.org). Please complete & attach to this application.

LANGUAGE SKILLS: Do you fluently speak, read, and write English? YES NO
List any other languages you speak and indicate your verbal, reading, and writing ability in each language.

EDUCATION AND TRAINING:

Circle highest grade completed: High School 9 10 11 12 Did you receive a high school diploma/G.E.D.? YES NO G.E.D.
College 1 2 3 4 Name, City, and State of high school attended:
Post-Graduate 5 6 7 8

Table with 5 columns: Name and Location of College, University, Business, Correspondence, Trade, or Service School(s); Major Course of Study; Completed Number of Semester Units / Quarter Units; Diploma, Certificate, or Degree Received; Number of Hours of Training, Program, or Course(s) Required by Job Announcement; Date Completed

Current certificates of professional competence, licenses, and membership in professional associations:

EMPLOYMENT HISTORY: List your complete employment history for the last 10 years. Begin with your most recent experience. List all jobs separately. A resume will not substitute for the information required in this section. Attach additional sheet if needed.

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| FROM: MO. _____ DAY _____ YR. _____ TO: MO. _____ DAY _____ YR. _____ HOURS/WEEK: _____ No. OF PEOPLE SUPERVISED: _____ | TITLE: _____ DUTIES: _____ MAY WE CONTACT CURRENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO | PRESENT OR MOST RECENT EMPLOYER: _____ ADDRESS: _____ PHONE: _____ SUPERVISOR: _____ REASON FOR LEAVING: _____ |
| FROM: MO. _____ DAY _____ YR. _____ TO: MO. _____ DAY _____ YR. _____ HOURS/WEEK: _____ No. OF PEOPLE SUPERVISED: _____ | TITLE: _____ DUTIES: _____ MAY WE CONTACT CURRENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO | PRESENT OR MOST RECENT EMPLOYER: _____ ADDRESS: _____ PHONE: _____ SUPERVISOR: _____ REASON FOR LEAVING: _____ |
| FROM: MO. _____ DAY _____ YR. _____ TO: MO. _____ DAY _____ YR. _____ HOURS/WEEK: _____ No. OF PEOPLE SUPERVISED: _____ | TITLE: _____ DUTIES: _____ MAY WE CONTACT CURRENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO | PRESENT OR MOST RECENT EMPLOYER: _____ ADDRESS: _____ PHONE: _____ SUPERVISOR: _____ REASON FOR LEAVING: _____ |
| FROM: MO. _____ DAY _____ YR. _____ TO: MO. _____ DAY _____ YR. _____ HOURS/WEEK: _____ No. OF PEOPLE SUPERVISED: _____ | TITLE: _____ DUTIES: _____ MAY WE CONTACT CURRENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO | PRESENT OR MOST RECENT EMPLOYER: _____ ADDRESS: _____ PHONE: _____ SUPERVISOR: _____ REASON FOR LEAVING: _____ |

RESIDENCE HISTORY: Please list all of your residences during the last five (5) years starting with your most current residence. For purposes of this question, a "residence" is any place you have lived, stayed, or slept for 30 or more days. Although your license or voter registration may have remained unchanged for the last five (5) years, your residence may be different if, for example, you served in the military, attended college, or for any other reason. Attach additional sheet if needed.

| | |
|---|--|
| DATES: FROM: _____ TO: _____ | _____ STREET ADDRESS _____ CITY STATE ZIP |
| DATES: FROM: _____ TO: _____ | _____ STREET ADDRESS _____ CITY STATE ZIP |

COMMENTS (if any): _____

ALL OFFERS OF EMPLOYMENT ARE CONDITIONED ON A CANDIDATE ESTABLISHING ELIGIBILITY TO WORK IN THE U.S. AND SUCCESSFULLY PASSING A PHYSICAL/MEDICAL EXAM, DRUG SCREENING, AND BACKGROUND INVESTIGATION.

THE JOB FLYER CORRESPONDING TO THE POSITION FOR WHICH YOU HAVE APPLIED LISTS THE ESSENTIAL FUNCTIONS OF THE POSITION. CAN YOU PERFORM EACH OF THESE FUNCTIONS WITH OR WITHOUT REASONABLE ACCOMMODATIONS? YES NO

Do you have the legal right to work in the U.S.? YES NO
 (Proof of eligibility to work in the United States will be required upon offer of employment.)

I hereby authorize my former employers, references, or any other person to furnish the City of Montclair with information regarding my employment, job performance, reason for leaving employment, and any other information pertinent to my performance and tenure. I hereby release any of my former employers, their agents, or any other references from all liability for damages whatsoever in furnishing said information. I hereby authorize the City of Montclair and/or its agents to conduct a background investigation of my employment, education, criminal, and personal history. I hereby authorize the City of Montclair to receive and review the results of my preemployment drug screening, medical exam, and, if applicable, psychological exam. I hereby certify that all statements on this application are true and complete and that any misstatement or omission of material facts may subject me to immediate disqualification or dismissal.

SIGNATURE: _____ DATE: _____

**ASSOCIATE ENGINEER
SUPPLEMENTAL QUESTIONNAIRE**

7. Discuss your experience with NPDES environmental regulations and Water Quality Management Plans.