



WERE YOU EVER DISCHARGED, REJECTED DURING PROBATION OR HAVE YOU RESIGNED UNDER PRESSURE OR UNFAVORABLE CIRCUMSTANCES FROM ANY EMPLOYMENT:

YES  NO  If YES, please explain:

HAS YOUR DRIVER'S LICENSE EVER BEEN SUSPENDED OR REVOKED? YES  NO

If YES, explain below. If your answer to A or B is YES, list all offenses, giving date, location, nature, and disposition for each. Use additional sheets if necessary.

**PERSONAL REFERENCES**

List below persons who are acquainted with your work and/or character. Do Not list employers or relatives

Name	Address	Phone

**MILITARY SERVICE**

You must attach a copy of your (DD214)

HAVE YOU EVER SERVED IN THE ARMED FORCES OF THE UNITED STATES? YES  NO

If YES give SERIAL NUMBER: \_\_\_\_\_ BRANCH: \_\_\_\_\_ DATES OF SERVICE: \_\_\_\_\_ TO \_\_\_\_\_

**FOR POLICE OFFICER POSITIONS ONLY:**

ARE YOU AT LEAST 21 YEARS OLD, OR WILL YOU BE 21 YEARS OLD AT TIME OF APPOINTMENT? YES  NO

ARE YOU A CITIZEN OF THE UNITED STATES OR A PERMANENT RESIDENT ALIEN WHO IS ELIGIBLE FOR, AND HAS APPLIED FOR, CITIZENSHIP IN THE UNITED STATES? YES  NO

**EDUCATION AND EXPERIENCE**

Please read the qualifications section on the Employment Opportunity Bulletin before completing this section.

Highest level of education completed (Online users Select Education Completed from Pull Down Menu – All others, Please write in Education Level where indicated:	High School Graduate? <input type="checkbox"/> YES <input type="checkbox"/> NO
Education Completed:	Passed High School Equivalency Test? <input type="checkbox"/> YES <input type="checkbox"/> NO

Name and Location (City, State) of College or University, Business Correspondence, Trade or Service Schools	Field of Study (Major)	Completed		DEGREE (Indicate type)
		Semester Units	Quarter Units	

CERTIFICATES OF PROFESSIONAL OR VOCATIONAL COMPETENCE, LICENSES, MEMBERSHIPS IN PROFESSIONAL ASSOCIATIONS:

## EXPERIENCE

**MUST BE FILLED OUT COMPLETELY!** Begin with your most recent experience. List all experience within the last ten years, including U.S. military service and periods of unemployment. Give details on the experience which you believe meets the entrance requirements for this position. Go back more than ten years if necessary. Also, list any volunteer experience which you feel helps you meet the requirements for the job. Resumes may be submitted in addition to your application, but the information below must be completed. **Use extra sheets of paper if necessary**, including the same information categories requested below.

Employed FROM: TO: TOTAL:   YRS   MOS	Title of Your Position:	Number of hours worked per week:	Number of employees you supervised:
Employer:	Duties of Your Position:		
Address:			
Telephone Number:			
Supervisor's Name:	Reason for leaving or wanting to leave if presently employed:		
Currently Employed? YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, may we contact your present employer? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Employed FROM: TO: TOTAL:   YRS   MOS	Title of Your Position:	Number of hours worked per week:	Number of employees you supervised:
Employer:	Duties of Your Position:		
Address:			
Telephone Number:			
Supervisor's Name:	Reason for leaving:		
Employed FROM: TO: TOTAL:   YRS   MOS	Title of Your Position:	Number of hours worked per week:	Number of employees you supervised:
Employer:	Duties of Your Position:		
Address:			
Telephone Number:			
Supervisor's Name:	Reason for leaving:		
Employed FROM: TO: TOTAL:   YRS   MOS	Title of Your Position:	Number of hours worked per week:	Number of employees you supervised:
Employer:	Duties of Your Position:		
Address:			
Telephone Number:			
Supervisor's Name:	Reason for leaving:		

### READ CAREFULLY BEFORE SIGNING:

I hereby certify that all statements made in this application are true and complete to the best of my knowledge and belief. I authorize the City of Brawley to investigate my qualifications, employment record and character through inquiries to any sources mentioned in this application, unless otherwise stated in this application, and I understand and agree that any misstatements or omissions of material fact herein may cause forfeiture on my part of all rights to employment by the City of Brawley.

I further agree to be fingerprinted, to submit to a complete medical examination by a City physician, to submit to drug testing, to sign an oath of office, and to furnish such proof of education and citizenship, or legal right to work in this country, as may be required as a condition of employment. Completion of these conditions does not imply an offer of employment.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_



City Administrative Offices  
Department of Personnel and Risk Management

Facsimile (760) 351-3088

383 Main Street Brawley, CA. 92227-2414

Telephone (760) 351-3057

To Whom It May Concern:

RE: Name: \_\_\_\_\_  
Social Security No.: \_\_\_\_\_

The individual referenced above is being considered for the position of \_\_\_\_\_ with the City of Brawley. Please draw your attention to Civil Code Section 47, amended by California Assembly Bill No. 2778, which addresses inquiries from prospective employers; wherein, past employers are protected from tortious liability when responding to references from prospective employers when the information provided is based upon fact and not malice.

The signed release below authorizes you to provide us with information concerning the applicant's employment with you.

Sincerely,

Human Resources Department

**RECORD INQUIRY WAIVER**

"I hereby authorize any former employer, its employees and representative, or any person listed as a reference to provide all relevant information regarding my employment and job performance to the City of Brawley, and any of its employees, representatives, and agents. This information may be provided either verbally or in writing.

In addition to authorizing the release of all information regarding my employment which is relevant to an evaluation of my qualifications for employment, I hereby waive any rights or claims I have or may have, past, present, or future, known or unknown, against any former employer, its employees and representatives, or former educational institution from all liability, claims, or damages that may directly or indirectly result from the use, disclosure, or release of such information by said person or party, whether or not such information is favorable or unfavorable to me. I also agree that a photographic copy of this waiver is as valid as the original."

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Position Applied for:** \_\_\_\_\_

Fire Department Facility Address: 815 Main Street, Brawley, CA. 92227-2552 FAX (760) 344-9478  
Police Department Facility Address: 351 Main Street, Brawley, CA. 92227-2419 FAX (760) 351-1719  
Public Works Department Address: 180 South Western Avenue, Brawley, CA. 92227-2235 FAX (760) 344-5612  
Visit the City of Brawley Web Site at <http://www.brawley-ca.gov>



## CITY OF BRAWLEY VOLUNTARY APPLICANT IDENTIFICATION FORM

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Position Applied for: \_\_\_\_\_

To comply with statistical information on applicant flow patterns requested by the Federal Equal Employment Opportunity Commission (41 CFR 60-2.12), we would appreciate your voluntary cooperation in providing the following information. ***THIS INFORMATION IS NOT A PART OF THE SELECTION PROCESS*** since this form will be detached from your application and used for statistical reporting requirements only.

**Age:**     Under 21     21 to 44     45 and over

**Sex:**     Female     Male    **Physically Handicapped:**     No     Yes

- RACE (Ethnicity):**
- White:** All persons having origins in any of the original peoples of Europe, North Africa, the Middle East, or the Indian Subcontinent.
  - Black:** All persons having origins in any of the Black racial groups (not of Hispanic origin).
  - Hispanic:** All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
  - Asian or Pacific Islanders:** All persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Pacific Islands.
  - American Indian or Alaskan Native:** All persons having origins in any of the original peoples of North America.