



# 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:**

- Are you a current or past employee of the City of Montclair?  YES  NO  
If "YES," what department? \_\_\_\_\_
- 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:**

- Are you a past/current member of CalPERS?  YES  NO
- 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 (i.e. Recreation & Learning):**

Please fill out **Supplemental Questionnaire for Criminal Convictions** (available at [www.cityofmontclair.org](http://www.cityofmontclair.org)) & 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 \_\_\_\_\_

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

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.

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

<b>DATES:</b> <b>FROM:</b> _____  <b>TO:</b> _____	_____ STREET ADDRESS _____ CITY STATE ZIP
<b>DATES:</b> <b>FROM:</b> _____  <b>TO:</b> _____	_____ 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:** \_\_\_\_\_

## AFFIRMATIVE ACTION SURVEY

The following information is voluntary and will not be used in any way in the selection process. Your cooperation in providing this information is appreciated.

Position for which you are applying: \_\_\_\_\_

**Ethnic Origin:**  White  Hispanic or Latino  
 Black or African American  American Indian or Alaskan Native  
 Asian  Two or More Races  
 Native Hawaiian or Other Pacific Islander

**Gender:**  Male  Female

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## NOTICE TO APPLICANTS

### VETERANS' PREFERENCE SYSTEM IN SELECTION PROCESS

The City of Montclair has implemented a Veterans' Preference System. If you are a veteran who served active duty in the U.S. Armed Forces for a period of at least 24 continuous months and received an honorable discharge, you are eligible. Reserve and inactive service time does not count toward the required 24 months of continuous active duty.

To be considered for veterans' preference status, a certified copy of your most recent DD-214 form, or an acceptable equivalent, must be submitted with your completed and signed City application, on or before the final filing date for the recruitment. PLEASE NOTE: VETERANS' PREFERENCE STATUS MUST BE ESTABLISHED FOR EACH CITY POSITION FOR WHICH YOU APPLY.

If you meet the minimum qualifications established for a City position, receive a passing score in each testing phase of the recruitment process, and qualify for veterans' preference status, the City will apply an additional 10 points to your final examination score. Your final score is used to determine your placement on a certified eligibility list.