



# CITY OF CORONA

## EMPLOYMENT APPLICATION

*An Equal Opportunity Employer*

HUMAN RESOURCES, SUITE 155  
 400 S VICENTIA AVE • CORONA, CALIFORNIA 92882  
 PHONE (951) 736-2205  
 www.discovercorona.com

(Complete Both Sides of Application)

### IT IS THE APPLICANT'S RESPONSIBILITY TO PROVIDE ALL INFORMATION REQUESTED.

**SUBMIT ORIGINAL PAPER WORK ONLY (NO COPIES OR FAXES WILL BE ACCEPTED). APPLICATION MATERIALS MUST BE RECEIVED IN THE HUMAN RESOURCES DEPARTMENT BY THE FILING DEADLINE LISTED ON THE JOB ANNOUNCEMENT. No postmarks will be accepted as proof of meeting the application deadline.**

Have you previously applied for any position with the City of Corona? YES  NO  If yes, please specify month and year \_\_\_\_\_.

EXACT TITLE OF JOB POSITION FOR WHICH YOU ARE APPLYING FOR \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

(PRINT OR TYPE) LAST NAME \_\_\_\_\_ FIRST \_\_\_\_\_ MI \_\_\_\_\_

MAILING ADDRESS NUMBER \_\_\_\_\_ STREET \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

AREA CODE ( ) HOME TELEPHONE # \_\_\_\_\_ AREA CODE ( ) WORK OR OTHER TELEPHONE # \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_  
 ARE YOU A CURRENT OR PREVIOUS MEMBER OF  
 CalPERS YES  NO

**DRIVER'S LICENSE**  
 NUMBER AND STATE \_\_\_\_\_  
 EXPIRATION DATE \_\_\_\_\_

AVAILABLE TO WORK: FULL-TIME  PART-TIME  TEMPORARY   
 DATE AVAILABLE TO WORK: \_\_\_\_\_

Do you need special accommodation to participate in this examination? YES  NO   
 If yes please specify \_\_\_\_\_

#### EDUCATION

Did you graduate from High School or receive your GED?  Yes  No HIGH SCHOOL: \_\_\_\_\_

Name of Schools Attended Colleges/Trade	Semester Units Complete	or Quarter Units Completed	Major (Do not Abbreviate)	Did you graduate?	Degrees or Certificates Completed
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

List below any skill, required licensed or professional registrations called for in the job announcement (include type of license/ registration, state, number, and expiration date).  
 \_\_\_\_\_  
 \_\_\_\_\_

Summarize other special job related skills and knowledge acquired from employment or other experience that would help us assess your qualifications (for example: bilingual, computer skills, etc.).  
 \_\_\_\_\_  
 \_\_\_\_\_

Have you been convicted of a felony and/or misdemeanor? If "Yes", complete details below  
 (A conviction is not an automatic bar to employment. Each case will be considered on its own merit)

OFFENSE	PLACE	DATE	PENALTY

### DO NOT DETACH THIS SECTION FROM THE APPLICATION VOLUNTARY APPLICANT DATA COLLECTION FORM

Job Title: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 SSN: \_\_\_\_\_

State and Federal law requires employers to obtain information from each job applicant concerning the applicant's race, sex, national origin, and the job for which the applicant is applying. This form is used to provide each applicant with an opportunity to furnish such information voluntarily. Accordingly, if you decide not to provide the information, your decision will not be held against you. All information that is provided will be used for record-keeping purposes only and will be kept separate from an employee's main personnel file. Furthermore, such information will not be used for any such discriminatory purpose.

Sex: Female  Male  Age: \_\_\_\_\_  
 Are you related to anyone working for the City of Corona? Yes  No   
 If yes, Name \_\_\_\_\_  
 Department \_\_\_\_\_  
 Relationship \_\_\_\_\_  
 How did you learn of this position?  
 Newspaper - Which one? \_\_\_\_\_  
 Other Publication \_\_\_\_\_  
 Job Flyer - Where \_\_\_\_\_  
 City Employee  
 Jobs Available  
 Other \_\_\_\_\_

If you choose to provide the information, please complete the following:  
 American Indian or Alaskan Native  
 Asian or Pacific Islander  
 Filipino  
 African American  
 Hispanic  
 White  
 Other  
 (Please Specify \_\_\_\_\_)  
 National Origin \_\_\_\_\_

- EXPERIENCE:
- 1) List all work experience for the last five years beginning with your most recent position first. If you have held more than one job with the same employer, list each job separately. Be sure to include all positions which relate to the position for which you are applying regardless of the date held.
  - 2) **You must clearly show that you meet the minimum experience requirements on this application form.** Responses such as, "SEE ATTACHED RESUME" and "UNKNOWN" are not acceptable and will be grounds for rejection of your application.
  - 3) Additional sheets may be attached if necessary. Be specific in detailing Job Title, Employment Dates, Hours Worked and Description of Duties

Job Title: _____ Employer Name, Address & Phone # _____ _____ Supervisor _____ Dates Employed: Monthly Salary \$ From ____ - ____ - ____ to ____ - ____ - ____ Hours Worked per Week: _____	Duties: _____ _____ _____ _____ _____ Reason For Leaving: _____
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Job Title: _____ Employer Name, Address & Phone # _____ _____ Supervisor _____ Dates Employed: Monthly Salary \$ From ____ - ____ - ____ to ____ - ____ - ____ Hours Worked per Week: _____	Duties: _____ _____ _____ _____ _____ Reason For Leaving: _____
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Job Title: _____ Employer Name, Address & Phone # _____ _____ Supervisor _____ Dates Employed: Monthly Salary \$ From ____ - ____ - ____ to ____ - ____ - ____ Hours Worked per Week: _____	Duties: _____ _____ _____ _____ _____ Reason For Leaving: _____
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Please identify and explain all periods of unemployment during the last five years.

From	To	Reason for Unemployment
_____	_____	_____
_____	_____	_____

I do **NOT** wish my present employer to be contacted.

I hereby certify that all information contained in this application is true and complete. I also understand that the information I have provided will be verified by the City, and that any false statement, omission or incomplete information may be cause for rejection of my application or discharge from employment. I understand that any offer of employment is contingent upon my meeting the physical screening standards established for this position which will include a physical assessment, drug/alcohol screening and completion of a medical questionnaire; I will be required to show proof of citizenship or the legal right to work in the United States of America; and if under age 18 I will be required to provide a work permit.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

<b>OFFICE USE ONLY</b>			
APPROVED <input type="checkbox"/>	DATE _____	DATE NOTICE SENT _____	COMMENTS _____
REJECTED <input type="checkbox"/>	DATE _____	BY _____	
BY _____			

**APPLICANT - PLEASE COMPLETE**

- Have you ever been disciplined or discharged for:
- |   |     |    |
|---|-----|----|
| • theft and/or unauthorized removal of employers property, or related offense?              | Yes | No |
| • fighting, assault, or related offenses?   | Yes | No |
| • being under the influence of alcohol or drugs or for possession, use of alcohol or drugs? | Yes | No |
| • insubordination?  | Yes | No |

If the answer is "yes" to any of the above, please explain.  
 \_\_\_\_\_  
 \_\_\_\_\_

I certify that all of the information on this form is complete and true to the best of my knowledge. I understand that any false statement is cause for immediate disqualification or dismissal.

\_\_\_\_\_  
SIGNATURE