



**CITY OF COLTON  
EMPLOYMENT APPLICATION**

**Human Resources Division  
650 North La Cadena Drive  
Colton, CA 92324  
(909) 370-5062  
www.ci.colton.ca.us**

Human Resource Use Only

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

**POSITION APPLIED FOR:** \_\_\_\_\_

**TYPE OF EMPLOYMENT:** Full Time \_\_\_ Part Time \_\_\_ Shift Work \_\_\_ Day \_\_\_ Eve \_\_\_ Night \_\_\_ Weekend \_\_\_

**NAME:** \_\_\_\_\_ **SOCIAL SECURITY NUMBER:** \_\_\_\_\_  
Last First Optional

**ADDRESS:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_  
Street City State Zip

**TELEPH. NO.:** \_\_\_\_\_ **AGE:** Are you over 18? \_\_\_\_\_  
Home Other Yes or No

If applying for a sworn position in law enforcement or fire service, indicate date of birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

Are you legally eligible to work in the United States? \_\_\_\_\_ Upon hire, can you provide evidence of eligibility? \_\_\_\_\_  
Yes or No Yes or No

Are you currently working for the City of Colton? \_\_\_\_\_ If "yes" what department? \_\_\_\_\_  
Yes or No

If "no", have you ever worked for the City of Colton? \_\_\_\_\_ If "yes" what department? \_\_\_\_\_  
Yes or No

Do you have any family members working for the City of Colton \_\_\_\_\_ If "yes" what department? \_\_\_\_\_  
Yes or No

**EDUCATION:** Circle highest grade completed: 8 9 10 11 12 13 14 15 16 17 18 19+ HS Grad or GED? \_\_\_\_\_  
Yes or No

Name and location of college, university, business or trade school attended:

1) \_\_\_\_\_

Major: \_\_\_\_\_ Degree Earned: \_\_\_\_\_ Date Completed : \_\_\_\_\_

2) \_\_\_\_\_

Major: \_\_\_\_\_ Degree Earned: \_\_\_\_\_ Date Completed : \_\_\_\_\_

**LICENSE/CERTIFICATION:** Driver's License: \_\_\_\_\_ License Type: A\_\_ B\_\_ C\_\_ ID Only\_\_  
Number Exp Year State

Other current certificates of professional competence, license, membership in professional associations: \_\_\_\_\_

Typing Speed if applicable: \_\_\_\_\_ wpm Office Machines if applicable: \_\_\_\_\_

**LANGUAGE SKILLS:** Do you speak any other language besides English? Yes \_\_\_ No \_\_\_ Please indicate your fluency, reading and writing ability in each language. Language \_\_\_\_\_ Speak \_\_\_\_\_ Read \_\_\_\_\_ Write \_\_\_\_\_

**EMPLOYMENT HISTORY:** List your complete employment history for the last 10 years. Account for periods of unemployment greater than 3 months. (*Begin with your most recent experience.*) List all jobs separately. Failure to list the related experience required will be considered an incomplete application and subject to rejection. *A resume will not substitute for the information required in this section; your application will be rejected if you write "See Resume".*

Job Title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Total Years & Months \_\_\_\_\_

Employer Name: \_\_\_\_\_ Address: \_\_\_\_\_

Type Of Organization: \_\_\_\_\_ Name, Title of Supervisor: \_\_\_\_\_ Teleph: \_\_\_\_\_

No. Employees Supervised: \_\_\_\_\_ Mo. Salary Beginning \$ \_\_\_\_\_ Ending \$ \_\_\_\_\_ Hours Worked per Week: \_\_\_\_\_

Duties: \_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ May we contact this employer? \_\_\_\_\_  
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Employer Name: \_\_\_\_\_ Address: \_\_\_\_\_

Type Of Organization: \_\_\_\_\_ Name, Title of Supervisor: \_\_\_\_\_ Teleph: \_\_\_\_\_

No. Employees Supervised: \_\_\_\_\_ Mo. Salary Beginning \$ \_\_\_\_\_ Ending \$ \_\_\_\_\_ Hours Worked per Week: \_\_\_\_\_

Duties: \_\_\_\_\_  
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Duties: \_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ May we contact this employer? \_\_\_\_\_  
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**REMARKS:** \_\_\_\_\_  
\_\_\_\_\_

ALL APPLICANTS ARE REQUIRED TO SUBMIT TO PRE-EMPLOYMENT MEDICAL EXAMINATION AND DRUG SCREENING.

I also 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: \_\_\_\_\_  
(Required for Application to be Complete)

I hereby authorize my former employers, references, or any other person to furnish the City of Colton with information regarding my employment, services, reason for leaving employment, and any other information pertinent to my performance and tenure. I agree that a photographic copy of this release shall be as valid as the original.

SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_  
(Required for Application to be Complete)

**THE CITY OF COLTON IS AN EQUAL OPPORTUNITY AFFIRMATIVE ACTION EMPLOYER THAT DOES NOT DISCRIMINATE ON THE BASIS OF:  
Race, Religious Creed, Color, National Origin, Sex, Age, Marital Status, Sexual Orientation or Disability in Employment or the Provision of Services.**

Human Resources Use Only			
Application Rejected:		Application Accepted:	
Education	<input type="checkbox"/>	Written	<input type="checkbox"/>
Experience	<input type="checkbox"/>	Oral	<input type="checkbox"/>
Late	<input type="checkbox"/>		
Incomplete	<input type="checkbox"/>		