

# Town of Bakersfield

## Application for Employment

Thank you for your interest in The Town of Bakersfield. All applications will be given serious consideration.

### Position Data:

Title of position being applied for: \_\_\_\_\_

Type of Employment: (check all that apply)  Full time  Temporary  Part Time

### PART I

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Previous Address (if less than 3 years): \_\_\_\_\_

Are eighteen or older?  Yes  No (Employment is subject to verification of minimum legal age)

Are you legally permitted to work in the United States?  Yes  No

Have you been convicted of crimes during the past seven years?  Yes  No

If yes, describe in full: \_\_\_\_\_

\_\_\_\_\_

Previous Employer:

Name: \_\_\_\_\_ Type of business: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Phone #: \_\_\_\_\_ Position held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Job responsibilities: \_\_\_\_\_

Previous Employer:

Name: \_\_\_\_\_ Type of business: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Phone #: \_\_\_\_\_ Position held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Job responsibilities: \_\_\_\_\_

Previous Employer:

Name: \_\_\_\_\_ Type of business: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Phone #: \_\_\_\_\_ Position held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Job responsibilities: \_\_\_\_\_

\*feel free to make as many copies of this page as necessary

**PART II**

**DRIVING HISTORY DATA**

Questions in Part II must be answered by all applicants for positions requiring a motor vehicle operator's license to establish minimum qualifications pursuant to the position classification description. Indicate "None" where appropriate.

List ALL motor vehicle operator's licenses not expired:

State: \_\_\_\_\_ Type: \_\_\_\_\_ License No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

State: \_\_\_\_\_ Type: \_\_\_\_\_ License No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Provide a COMPLETE accident record for the past 3 years:

Dates	Nature of Accident (head-on, rear-end, etc.)
Last Accident: _____	_____
Next Previous: _____	_____
Next Previous: _____	_____

Indicate ALL traffic convictions for the past 3 years (other than parking violations):

Location: \_\_\_\_\_ Date: \_\_\_\_\_ Description: \_\_\_\_\_

Location: \_\_\_\_\_ Date: \_\_\_\_\_ Description: \_\_\_\_\_

Indicate dates of ALL license suspensions or forfeitures for the past 3 years.

Suspensions: \_\_\_\_\_ Forfeitures: \_\_\_\_\_

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**PART III**

**PERSONAL REFERENCES**  
(Not former employers or relatives)

Name	Address	Phone #
_____	_____	_____
_____	_____	_____
_____	_____	_____

**PART IV**

**SPECIALIZED TRAINING**

Indicate any specialized training you have received, other than high school or college level credit courses: \_\_\_\_\_  
\_\_\_\_\_

**PART V**

**RECORD OF EDUCATION**

High School - Name: \_\_\_\_\_ Address: \_\_\_\_\_

Dates attended: \_\_\_\_\_ Did you graduate?  Yes  No

College - Name: \_\_\_\_\_ Address: \_\_\_\_\_

Course of study (major): \_\_\_\_\_ Dates attended: \_\_\_\_\_

Did you graduate?  Yes  No Diploma/Degree: \_\_\_\_\_

Other (specify): \_\_\_\_\_ Address: \_\_\_\_\_

Course of study (major): \_\_\_\_\_ Dates attended: \_\_\_\_\_

Did you graduate?  Yes  No Diploma/Degree: \_\_\_\_\_

**PART VI**

**EMPLOYMENT**

LIST BELOW YOUR EMPLOYMENT FOR THE PAST TEN YEARS.  
(Included military service as employment)

Present or Last Employer:

Name: \_\_\_\_\_ Type of business: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Phone #: \_\_\_\_\_ Position held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Job responsibilities: \_\_\_\_\_

May we contact your present employer?  Yes  No

Have you ever been employed by the Town of Bakersfield? \_\_\_Yes \_\_\_No

If yes: Describe in full \_\_\_\_\_

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## **PART VII**

### SKILLS INVENTORY

Identify below any equipment, tools, or computer programs that you can operate or use with proficiency. Along with any special skills, licenses, or certifications that you possess which relate to the type of work you are applying for.

Equipment: (truck, loader, dozers, copier, recorders, etc.) \_\_\_\_\_

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Tools: (powered and manual) \_\_\_\_\_

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Computer programs (Outlook, Microsoft Word/Excel, etc) \_\_\_\_\_

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Licenses/Certification: (electrician, first aid certification, etc) \_\_\_\_\_

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Skills/abilities/honors/awards: \_\_\_\_\_

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How much weight are you comfortable lifting? \_\_\_\_\_

### ALL APPLICANTS MUST SIGN THE FOLLOWING CERTIFICATION:

I certify that there are no misrepresentations or falsifications of the above statements and answers to questions. I understand that should investigation disclose misrepresentation or falsifications, my application will be rejected and should I be employed with The Town of Bakersfield, my services will be terminated.

I also certify that any addendums to this application are truthful.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date