



IMPORTANT INSTRUCTIONS

ALL CANDIDATES APPLYING FOR POSITIONS WITH THE CITY OF RIO VISTA MUST FOLLOW THE INSTRUCTIONS LISTED BELOW:

1. Carefully read the entire job announcement. It has important information regarding the application requirement, examination process and dates.
2. Complete the job application in its entirety. If you are forwarding a resume, it will be considered as supplemental. Do not state on application "Refer to resume".
3. Carefully review job announcement and note degrees, diplomas, certifications specifically required. Applicants must submit documentation of specified credentials prior to employment. Failure to do so will result in disqualification.
4. It is the applicant's responsibility to ensure the application is submitted on time.
5. Completed applications are to be submitted to:

Dawn Bahrenfuss
City of Rio Vista
One Main Street
Rio Vista, CA 94571
(707) 374-6451 Fax (707) 374-6763



City of Rio Vista
Employment Application
One Main Street, Rio Vista, CA 94571
(707)374-6451

*Entire application must be
completed even if resume
is attached.*

Position applied for: _____ **Date:** _____

Type of employment desired: Full Time ___ Part Time ___ Part Time Temp. ___ Volunteer ___ Seasonal ___

PERSONAL INFORMATION

Full Name _____ Social Security Number _____
Last First Middle Initial

Address _____
Street City State Zip

Home Phone _____ Work Phone _____ Other Phone _____

Email Address _____

List other names you have used _____

Valid CA Driver License? Yes ___ No ___ License Number _____ Expiration _____ Class _____

If offered a position, would you be able to verify your legal right to work in the United States? Yes ___ No ___

Do you have any relatives that work for the City of Rio Vista? Yes ___ No ___ If yes, provide name and relation below.

EDUCATION

Last High School attended _____ Diploma Yes ___ No ___
Name Address

College attended _____ From Mo./Yr. _____ To Mo./Yr. _____
Name Address

Major _____ Type of Degree _____ Year Degree Completed _____

College attended _____ From Mo./Yr. _____ To Mo./Yr. _____
Name Address

Major _____ Type of Degree _____ Year Degree Completed _____

Other Institutes attended _____ From Mo./Yr. _____ To Mo./Yr. _____
Name Address

Major _____ Type of Degree _____ Year Degree Completed _____

Licenses or Certifications, which are related to the position for which you are applying:

EMPLOYMENT: List last four positions, beginning with most recent first. Positions with the same employer may be listed separately. If more than four positions are required to establish your qualifications for the job you are applying for, you may attach additional sheets of this page. Related volunteer experience may be included. A resume may be attached but may not substitute for completing this application.

Employer _____ Address _____
Dates Employed: From: _____ To: _____ Total Time Years ___ Months ___ Hours per week _____ Final Salary _____
Title _____ Supervisor _____ Telephone _____ May we contact? _____
Duties _____

Reason for leaving _____

Employer _____ Address _____
Dates Employed: From: _____ To: _____ Total Time Years ___ Months ___ Hours per week _____ Final Salary _____
Title _____ Supervisor _____ Telephone _____ May we contact? _____
Duties _____

Reason for leaving _____

Employer _____ Address _____
Dates Employed: From: _____ To: _____ Total Time Years ___ Months ___ Hours per week _____ Final Salary _____
Title _____ Supervisor _____ Telephone _____ May we contact? _____
Duties _____

Reason for leaving _____

Employer _____ Address _____
Dates Employed: From: _____ To: _____ Total Time Years ___ Months ___ Hours per week _____ Final Salary _____
Title _____ Supervisor _____ Telephone _____ May we contact? _____
Duties _____

Reason for leaving _____

REFERENCES: Do not list relatives or former/current employees

1. Name _____ Home Phone _____ Work Phone _____

Address _____

2. Name _____ Home Phone _____ Work Phone _____

Address _____

3. Name _____ Home Phone _____ Work Phone _____

Address _____

Have you ever been convicted of any offense(s) other than a driving violation? Exclude juvenile offenses if records legally sealed. Yes ___ No ___
If yes, list offense(s) and date(s) of convictions on another sheet of paper and attached to application. A yes answer does not necessarily disqualify.

Were you ever terminated or forced to resign a position? Yes ___ No ___ If yes, list details on a separate sheet of paper and attached to application.
This answer will not necessarily result in disqualification.

CERTIFICATION

I certify that all statements made in this application are true and complete and subject to verification. I authorize investigation of all statements contained in this application and hereby authorize employers, schools or persons named in this application to give any information regarding my qualifications and character. I hereby release said employers, schools, persons and the City from any liability for damages for receiving or releasing information. I agree and understand that any misstatement or omission of material fact on this application will cause forfeiture on my part of all rights to be considered for employment with the City of Rio Vista and may be cause for dismissal if already employed. I understand that if I am a finalist for this position, I will be required to submit proof of U.S. citizenship or the legal right to work in the United States, and that if I am hired, I will be required to take an Oath of Office. I also understand that I may be required to pass an alcohol and drug test, a medical exam, and/or other tests as, mandated by Federal, State, or local law, or by the administrative policy of the City of Rio Vista.

Signature: _____ Date: _____

The City of Rio Vista is an Equal Opportunity Employer. In compliance with the Americans with Disabilities Act, applicant requiring accommodation for any part of the recruitment process, must notify the Administration Department seven days in advance of the deadline for the part of the procedure requiring accommodation.

FOR ADMINISTRATION USE ONLY

Received by _____ Date _____ Screened by _____ Date _____

Approved _____ Disapproved: Educ ___ Exp ___ Drive ___ Cert ___ Type ___ Sup ___ Incomplete ___ Late ___ Not Met MQ ___
Other _____

CITY OF RIO VISTA EQUAL OPPORTUNITY EMPLOYER QUESTIONNAIRE

PLEASE COMPLETE THE FORM BELOW WHICH WILL BE REMOVED BEFORE APPLICATION IS PROCESSED

To comply with United States Government Equal Employment Opportunity requirements, we are asking all applicants for employment to complete this form. Data collected will be used for statistical purposes and to measure effectiveness of recruitment efforts and selection procedures. This information, which you provide voluntarily, will be kept confidential. If you choose to not provide the information, it will not result in adverse treatment.

The City of Rio Vista is an equal opportunity employer. In accordance with applicable laws and regulations, the City does not discriminate on the basis of disability or on the basis of other prohibited criteria. If you feel you have been treated unfairly or discriminated against because of race, color, national origin, sex age or disability, please contact the Administration Department at 707/374-6451.

Exact title of position you are applying for: _____ Date: _____

Name _____

A. Are you Male ____ Female ____

B. Are you age 18 or over? Yes ____ No ____

C. Ethnic Origin (Check One)

____ White (not of Hispanic origin): All persons having origins in any of the peoples of Europe, North Africa or the Middle East.

____ Black (not of Hispanic origin): All persons having origins in any of the black racial groups of Africa.

____ Hispanic: All person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

____ Asian or Pacific Islander: All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea and Samoa.

____ Filipino: All persons having origins in the original peoples of the Philippines.

____ American Indian or Alaskan Native: All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

HOW DID YOU LEARN ABOUT THIS JOB OPPORTUNITY

The City of Rio Vista would appreciate information on how you heard about this position in order to help us determine what is the most effective recruitment source. Please place a checkmark by the source and specify the source in the space provided.

____ Newspaper _____ ____ Jobs Available _____

____ Website _____ ____ Friend or Relative _____

____ Professional Association _____ ____ Internet _____

____ City Employee _____ ____ Publication _____

CITY OF RIO VISTA

VETERANS PREFERENCE APPLICANT REQUEST FORM

The City of Rio Vista has a policy of preference for veterans in the City’s hiring practices for full-time classified service positions. Veteran’s Preference Points (VPP) are applied to the final score of any candidate who qualifies for veteran’s preference in this examination process.

Are you requesting veteran’s preference, if you qualify? Yes No

Indicate the level of veteran’s preference you are requesting by checking one category below.

- Veteran
- Surviving spouse of a veteran who died while on active duty, regardless of length of service, if that death is determined to be “In the line of duty”.
- Spouse of 100% Disabled Veteran
- Disabled Veteran
- Purple Heart Recipient

I am requesting veteran’s preference and certify that I meet all the criteria listed above. I have attached necessary documents verifying my veteran status. I understand that any misrepresentation or deliberate omission of a material fact may be justification for disqualification or termination of employment.

Name (Print)

Social Security Number

Signature

Date

Proof of Veteran Status:

A legible copy of DD214 or equivalent must be attached to each application packet submitted to the City of Rio Vista’s Administration Department NO LATER THAN 5:00 p.m. on the final filing date. Please note that we cannot reference previous submittals. **Do not submit originals as they will not be returned to you.**

If you need more information or have questions about the City of Rio Vista’s Veterans Preference Policy, please contact the Administration Department at (707) 374-6451.

For City Use Only

VPP Approved: 5 pts. 10 pts.

Screen by: _____

Date: _____