

**EMPLOYMENT APPLICATION  
ALL POSITIONS EXCEPT FOR THOSE IN THE POLICE DEPARTMENT**



**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 to determine if you possess the qualification for the job. Print, using ink or typewriter.
2. Complete the job application in its entirety. If you are submitting a resume, it will be considered as supplemental. Do not respond to any questions with “Refer to Resume” or “See 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 may result in disqualification.
4. It is the applicant’s responsibility to ensure the application is submitted on time and that you have answered all questions accurately and completely.
5. Completed applications should be submitted to:

City of Rio Vista  
Human Resources  
1 Main Street  
Rio Vista, CA 94571  
707-374-6451  
707-374-6763 Fax  
[mrittburg@ci.rio-vista.ca.us](mailto:mrittburg@ci.rio-vista.ca.us)



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

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

**\*All positions except for those in the Police Department**

**Position applied for:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Type of employment desired:** Full Time  Part Time  Part Time Temp.  Intern  Seasonal

**PERSONAL INFORMATION**

Full Name \_\_\_\_\_ Social Security Number \_\_\_\_\_  
Last First Middle Initial

Address \_\_\_\_\_  
Street City State Zip

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_ List other names you have used \_\_\_\_\_

Valid CA Driver License? Yes  No  License Number \_\_\_\_\_ Expiration \_\_\_\_\_ Class \_\_\_\_\_

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

Do you have any relatives employed by 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 \_\_\_\_\_ Major \_\_\_\_\_ Degree \_\_\_\_\_  
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 your present job first, then list all other jobs in order. Positions with the same employer may be listed separately. Show experience for the past 10 years & also earlier experience which may pertain to the position for which you are applying. Use additional sheets if necessary. List any job-related volunteer experience you may have. If hours worked per week varied, give average. RESUMES WILL NOT BE ACCEPTED IN LEIU OF THE REQUIREMENTS OF THIS SECTION. However, a resume may be added.

Employer \_\_\_\_\_ Address \_\_\_\_\_

Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_ Total Time Years \_\_\_\_\_ Months \_\_\_\_\_ Hours per week \_\_\_\_\_

Title \_\_\_\_\_ Supervisor \_\_\_\_\_ Telephone \_\_\_\_\_ May we contact? \_\_\_\_\_

Duties \_\_\_\_\_

\_\_\_\_\_

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

Employer \_\_\_\_\_ Address \_\_\_\_\_

Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_ Total Time Years \_\_\_\_\_ Months \_\_\_\_\_ Hours per week \_\_\_\_\_

Title \_\_\_\_\_ Supervisor \_\_\_\_\_ Telephone \_\_\_\_\_ May we contact? \_\_\_\_\_

Duties \_\_\_\_\_

\_\_\_\_\_

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

Employer \_\_\_\_\_ Address \_\_\_\_\_

Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_ Total Time Years \_\_\_\_\_ Months \_\_\_\_\_ Hours per week \_\_\_\_\_

Title \_\_\_\_\_ Supervisor \_\_\_\_\_ Telephone \_\_\_\_\_ May we contact? \_\_\_\_\_

Duties \_\_\_\_\_

\_\_\_\_\_

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

Employer \_\_\_\_\_ Address \_\_\_\_\_

Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_ Total Time Years \_\_\_\_\_ Months \_\_\_\_\_ Hours per week \_\_\_\_\_

Title \_\_\_\_\_ Supervisor \_\_\_\_\_ Telephone \_\_\_\_\_ May we contact? \_\_\_\_\_

Duties \_\_\_\_\_

\_\_\_\_\_

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

**REFERENCES: Give three references that are not related to you and are not a previous employer**

1. Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Address \_\_\_\_\_ Relationship \_\_\_\_\_

2. Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Address \_\_\_\_\_ Relationship \_\_\_\_\_

3. Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Address \_\_\_\_\_ Relationship \_\_\_\_\_

Were you ever terminated or forced to resign a position?  YES  NO

If yes, list details below or on a separate sheet of paper and attach to application. This answer will not necessarily result in disqualification.

Are you now or have you ever been a member of CalPERS?  YES  NO

**CERTIFICATE OF APPLICANT – PLEASE READ CAREFULLY**

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 a drug test, physical exam, and/or other tests, as mandated by Federal, State, 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 EMPLOYMENT OPPORTUNITY (EEO) QUESTIONNAIRE

**RESPONSES TO THE EQUAL EMPLOYMENT OPPORTUNITY QUESTIONNAIRE ARE VOLUNTARY. FAILURE TO ANSWER THE QUESTIONS IN THIS SECTION WILL NOT AFFECT YOUR EMPLOYMENT ELIGIBILITY.**

**This section will be detached from the application form. No decisions in the test process will be based on it.**

The City of Rio Vista is subject to certain governmental recordkeeping & reporting requirements. In order to comply with these laws, we invite you to voluntarily self-identify your ethnicity. This information, which you provide voluntarily, will be kept confidential and will be separated from your application before the screening process and may only be used in accordance with the provisions of applicable laws. The City of Rio Vista is an equal opportunity employer and does not discriminate against any employee or applicant in hiring, working conditions, promotions, compensation or termination on account of race, color, creed or religion, national origin, gender, age, sexual preference, marital status, physical or mental handicap or any other legally protected characteristic.

Exact title of position you are applying for: \_\_\_\_\_ Date: \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

A. Are you Male  Female  Non-Binary

B. Are you age 40 or over?  YES  NO

C. Ethnic Origin (Check One)

- Hispanic or Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- White (Not Hispanic or Latino)** – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black or African American (Not Hispanic or Latino)** – A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Asian (Not Hispanic or Latino)** – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- American Indian or Alaskan Native (Not Hispanic or Latino)** - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- Two or More Races (Not Hispanic or Latino)** – All persons who identify with more than one of the above five races.

## 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 the most effective recruitment source is. Please place a checkmark by the source and specify the source in the space provided.

- |   |   |
|---|---|
| <input type="checkbox"/> City Bulletin Board _____      | <input type="checkbox"/> Jobs Available _____     |
| <input type="checkbox"/> City Website _____             | <input type="checkbox"/> Friend or Relative _____ |
| <input type="checkbox"/> Professional Association _____ | <input type="checkbox"/> Internet; Where? _____   |
| <input type="checkbox"/> City Employee _____            | <input type="checkbox"/> Publication _____        |
| <input type="checkbox"/> Other _____                    |   |

# 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 Human Resources Department at (707) 374-6451.

For City Use Only

VPP Approved:    5 pts.    10 pts.

Screen by: \_\_\_\_\_

Date: \_\_\_\_\_