



## **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



**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: \_\_\_\_\_