



CITY OF  
**BIG BEAR LAKE** *California*

**CITY OF BIG BEAR LAKE EMPLOYMENT APPLICATION**

POST OFFICE BOX 10000, 39707 BIG BEAR BOULEVARD, BIG BEAR LAKE, CA 92315

PHONE (909) 866-5831 • E-MAIL [bblhr@citybigbearlake.com](mailto:bblhr@citybigbearlake.com) • WEBSITE [www.citybigbearlake.com](http://www.citybigbearlake.com)

COMPLETION OF AN APPLICATION IS PART OF THE EXAMINATION PROCESS FOR ALL JOBS. A SEPARATE AND COMPLETE APPLICATION MUST BE FILLED OUT FOR EACH POSITION FOR WHICH YOU ARE APPLYING. ALL REQUESTED INFORMATION MUST BE FURNISHED ON THE APPLICATION ITSELF. RESUMES OR ATTACHMENTS MAY BE INCLUDED BUT CANNOT BE SUBSTITUTED FOR AN APPLICATION FORM. IT IS IMPORTANT THAT YOU ANSWER ALL QUESTIONS ON YOUR APPLICATION FULLY AND ACCURATELY. FAILURE TO DO SO MAY DISQUALIFY YOU FROM BEING CONSIDERED FOR THE POSITION. YOU MUST MEET ALL ENTRANCE REQUIREMENTS, INCLUDING POSITION OF CERTIFICATIONS OR LICENSES REQUIRED FOR ELIGIBILITY AT THE TIME OF APPLICATION. ANY EXCEPTIONS ARE STATED IN THE JOB BULLETIN. **APPLICATIONS RECEIVED AFTER THE FINAL FILING DATE WILL NOT BE ACCEPTED.**

**APPLICATIONS MUST BE COMPLETED IN FULL**

**RESUMES WILL NOT BE ACCEPTED IN LIEU OF COMPLETED APPLICATION**

**APPLICATIONS WILL BE REJECTED IF SEE RESUME IS WRITTEN ON ANY PORTION OF THIS APPLICATION**

POSITION YOU ARE APPLYING FOR

DATE

LAST NAME

FIRST NAME

MIDDLE NAME

MAILING ADDRESS

CITY

STATE

ZIP

PREFERRED CONTACT TELEPHONE NUMBER

ALTERNATIVE CONTACT TELEPHONE NUMBER

E-MAIL

How did you learn about this job opening?

Have you ever applied for a position with the City of Big Bear Lake before?  
If yes, please list positions applied for and dates:

YES  NO

Are there any days or shifts that you are unavailable to work?  
If yes, list the days and/or shifts you are unavailable to work:

YES  NO

Are you 18 years of age or older?

YES  NO

If hired, can you provide proof of eligibility for employment in the U.S.A.?

YES  NO

Are you related to anyone currently working for the City of Big Bear Lake?  
If yes, list the name and title of each relative:

YES  NO

NOTE: Relationships will be evaluated on a case-by-case basis and do not automatically disqualify you for employment.

Have you ever been dismissed or released, or have you ever resigned to avoid discharge?  
If yes, please state all details on back of application under "Additional Information."

YES  NO

***The City is an Equal Opportunity Employer that does not discriminate against applicants the basis of race (including but not limited to, hair texture and protective hairstyles such as braids, locks, and twists), color, religious creed (including religious dress and religious grooming practices), national origin, ancestry, citizenship status, age (40 years and older), sex (including pregnancy, perceived pregnancy, childbirth, breastfeeding, or related medical conditions), gender, gender identity and expression (including transgender identity and expression), because an individual has transitioned (to live as the gender with which they identify), is transitioning (or is perceived to be transitioning), sexual orientation, sex stereotyping, reproductive health decision making (protected under section 12920 of the Government Code in California) marital status, domestic partner status, military service and veteran status, physical and/or mental disability (including HIV and AIDS), legally protected medical condition or information (including genetic information,) protected medical leaves (requesting or approved), status as a victim of status as a victim of domestic violence, sexual assault or stalking, enrollment in a public assistance program, or any other basis protected by local, state or federal laws.***

**EDUCATION**

Do you have a High School Diploma?	Yes	No	GED Certificate?	Yes	No	N/A
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	HIGH SCHOOL	COLLEGE/UNIVERSITY	OTHER: _____
SCHOOL NAME			
CITY AND STATE			
HIGHEST # OF YEARS COMPLETED	9   10   11   12	1   2   3   4	1   2   3   4
DIPLOMA/DEGREE/CERTIFICATION EARNED OR COURSE OF STUDY (INCLUDE ANY HONORS)			

LIST SPECIALIZED SKILLS, TRAINING AND QUALIFICATIONS THAT YOU FEEL MAKE YOU ESPECIALLY SUITED FOR THIS POSITION

**LICENSES AND PROFESSIONAL REGISTRATION**

PLEASE ATTACH A COPY TO THE APPLICATION, IF REQUIRED FOR THE POSITION YOU ARE APPLYING FOR

TYPE OF LICENSE	STATE	MEMBERSHIP NUMBER/ID	EXPIRATION

**OTHER SPECIALIZED TRAINING OR SKILLS**

LANGUAGE, OFFICE EQUIPMENT, COMPUTER SOFTWARE, MACHINE OPERATIONS, ETC.

**PROFESSIONAL MEMBERSHIPS**

MEMBERSHIP IN PROFESSIONAL OR TECHNICAL ASSOCIATIONS RELATED TO THE POSITION FOR WHICH YOU ARE APPLYING

**EXPERIENCE**

List your present or most recent job first; list each promotion separately; include self-employment and US military service. List all positions you have held within the last ten years. Identify and explain any lapses between positions. If you need more space you may attach additional sheets NOTE: A resume may be attached, but will not substitute for completion of this section. The information provided in this application and any supplemental questionnaires required will form the sole basis for any decision to advance in the selection process.

**APPLICATIONS MUST BE COMPLETED IN FULL**

**RESUMES WILL NOT BE ACCEPTED IN LIEU OF COMPLETED APPLICATION**

**APPLICATIONS WILL BE REJECTED IF "SEE RESUME" IS WRITTEN ON ANY PORTION OF THIS SECTION**

ORGANIZATION TITLE

ADDRESS

DATES OF EMPLOYMENT FROM TO

NAME/TITLE OF SUPERVISOR

PHONE

DUTIES

REASON FOR LEAVING

MAY WE CONTACT THIS EMPLOYER? YES  NO  INITIAL IF NO, WHY NOT?

ORGANIZATION TITLE

ADDRESS

DATES OF EMPLOYMENT FROM TO

NAME/TITLE OF SUPERVISOR

PHONE

DUTIES

REASON FOR LEAVING

MAY WE CONTACT THIS EMPLOYER? YES  NO  INITIAL IF NO, WHY NOT?

ORGANIZATION TITLE

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DUTIES

REASON FOR LEAVING

MAY WE CONTACT THIS EMPLOYER? YES  NO  INITIAL IF NO, WHY NOT?

**POSITION APPLIED FOR**

ORGANIZATION	TITLE
ADDRESS	
DATES OF EMPLOYMENT	FROM TO
NAME/TITLE OF SUPERVISOR	PHONE
DUTIES	
REASON FOR LEAVING	
MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/> INITIAL IF NO, WHY NOT?	
ORGANIZATION	TITLE
ADDRESS	
DATES OF EMPLOYMENT	FROM TO
NAME/TITLE OF SUPERVISOR	PHONE
DUTIES	
REASON FOR LEAVING	
MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/> INITIAL IF NO, WHY NOT?	

**ADDITIONAL INFORMATION**

**CERTIFICATE OF APPLICATION**

I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY OMISSION OR FALSIFICATION CONSTITUTES GROUNDS FOR REJECTION OF THIS APPLICATION OR TERMINATION OF EMPLOYMENT. I UNDERSTAND THAT THE CITY OF BIG BEAR LAKE WILL THOROUGHLY INVESTIGATE MY WORK AND PERSONAL HISTORY AND WILL VERIFY ALL DATA GIVEN ON THIS APPLICATION, ON RELATED DOCUMENTS, AND IN INTERVIEWS. I AUTHORIZE ALL INDIVIDUALS, SCHOOLS, AND FIRMS NAMED HEREIN, EXCEPT MY CURRENT EMPLOYER IF SO NOTED, TO PROVIDE ANY INFORMATION REQUESTED ABOUT ME, AND I RELEASE THEM AND THE CITY OF BIG BEAR LAKE FROM ALL LIABILITY FOR DAMAGE IN PROVIDING THIS INFORMATION.

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

APPLICATIONS ARE CONSIDERED INCOMPLETE WITHOUT A DATED SIGNATURE

ALL JOB OFFERS ARE CONTINGENT UPON APPLICANT PASSING A BACKGROUND INVESTIGATION AND JOB-RELATED PRE-EMPLOYMENT PHYSICAL EXAMINATION, WHICH MAY INCLUDE A DRUG TEST.