Application For Employment CITY OF CALIFORNIA

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

	(PLEA	SE PRINT)							
Position(s) Applied For:	Date of Applicat	Date of Application:							
How Did You Learn About Us?									
☐ Advertisement ☐ Employment Agency	☐ Friend☐ Relative	□ Wall		□ Website					
Last Name:	ast Name: First Name:								
Address: Number	Street	City	Zip Cod	Zip Code					
Telephone Number(s)		Social Security Nu	ımber:						
If you are under 18 years of age, can y proof of your eligibility to work?	ou provide required			□ Yes	□ No				
Have you ever filed an application wit	h us before?		If Yes, give da	Te:/_	□ No /				
Have you ever been employed with us	before?		If Yes, give da	□ Yes te:/_	□ No /				
Are you currently employed?				□ Yes	□ No				
May we contact your present employe	r?			□ Yes	□ No				
Are you prevented from lawfully beco country because of Visa or Immigration Proof of citizenship or immigration status will be re	on Status?			□ Yes	□ No				
On what date would you be available	for work?			/_	/				
Are you available to work:	□ Full Time	☐ Part Time	☐ Shift Work	□ Temp	☐ Temporary				
Are you currently on "lay-off" status a	and subject to recall?			\square Yes	□ No				
Can you travel if a job requires it?				□ Yes	□ No				
Have you been convicted of a felony value of the Conviction will not necessarily disqualify an app If YES, please explain:				□ Yes	□ No				

Education

	Elementary School				High School				Undergraduate College / University				Graduate / Professional				
School Name and Location																	
Years Completed	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
Diploma / Degree		I			1				1			I				l	
Describe Course of Study																	
Describe any specialized training, apprenticeship, skills and extra-curricular activities.																	
Describe any honors that you have received.																	
State any additional information you feel may be helpful to us in considering your application.																	
	Iı	ndica	te any	/ forei	gn lar	nguag	es you	can s	oeak, r	ead /	or wr	ite					
			luent					ood					F	air			
Speak																	
Read																	
Write																	
T:	1 .				.,.	1 0	<u>۰</u> 1	1.1									
List professional, trade, You may exclude membershi									in, age,	ancest	ry, or i	handid	cap or	other p	protect	ted sta	atus:
References																	
Give name, address and employers. 1										lated	to you	and	are r	not pre	eviou	S	
Have you ever had any If Yes, please describe							States	Milita	ry?						□ Y€	es [□ No
Are you physically or o	therwi	se un	able t	o perf	orm t	he dut	ties of	the jol	o for w	hich	you a	re ap	plyin	g?	□ Ye	es [□ No

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

Employer:			mployed	Worked Performed		
Address:		From	То	The state of the s		
Telephone Nur	mber(s)	Hourly R	ate/Salary			
Job Title:	Supervisor:					
Reason for Lea	aving:					
Employer:		Dates En	nployed To	Worked Performed		
Address:		Tioni	10			
Telephone Nui	mber(s)	Hourly R	ate/Salary			
Job Title:	Supervisor:					
Reason for Lea	aving:					
Employer:			nployed	Worked Performed		
Address:		From	То			
Telephone Nur	mber(s)	Hourly R	ate/Salary			
Job Title:	Supervisor:					
Reason for Lea	aving:					
Employer:		Dates E	nployed	Worked Performed		
Address:		From	То	worked refformed		
Telephone Nur	mber(s)	Hourly R	ate/Salary			
Job Title:	Supervisor:					
Reason for Lea	aving:					
	If you need additional spa	ace, please continu	e on a separate	e sheet of paper.		
cial Skills at narize special iol	nd Qualifications: o-related skills and qualifications acq	quired from employme	nt or other experi	ence.		
1 3	1	1 1 3	1			

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time. I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledge in writing by an authorized executive of this organization. In the event of employment, I understand that false or misleading information given in my application or interview(s), may result in discharge. I understand, also, that I am required to abide by all riles and regulations of the employer. Signature of Applicant FOR PERSONNEL DEPARTMENT USE ONLY Remarks Job Title _____ Hourly Rate/Salary ____ Department ____ Notes