



# Job Application

**Job Applying For** \_\_\_\_\_

**AGENCY** \_\_\_\_\_

**JOB TITLE** \_\_\_\_\_

**Basic Information**

**NAME**

First \_\_\_\_\_ M.I. \_\_\_\_\_ Last \_\_\_\_\_

**ADDRESS**

Address Line 1 \_\_\_\_\_ Address Line 2 \_\_\_\_\_

City \_\_\_\_\_ State/Province/Region \_\_\_\_\_ Postal/Zip Code \_\_\_\_\_ Country \_\_\_\_\_

**TELEPHONE**

Primary \_\_\_\_\_ Secondary \_\_\_\_\_

Are you eligible to work in the U.S.? .....  Yes  No

**DRIVER'S LICENSE**

D.L. Number \_\_\_\_\_ D.L. State \_\_\_\_\_ D.L. Class \_\_\_\_\_ **EMAIL** \_\_\_\_\_

**Education**

Highest year completed .....  less than 8  8  9  10  11  12

Did you graduate from High School or receive a GED? .....  Yes  No

**HS ATTENDED** \_\_\_\_\_ **LOCATION OF HS/GED** \_\_\_\_\_

List any degrees received or in progress

|   | School Name | Location (City & State) | Major | Degree | Units Comp. |
|---|-------------|-------------------------|-------|--------|-------------|
| 1 |             |                         |       |        |             |
| 2 |             |                         |       |        |             |
| 3 |             |                         |       |        |             |

**Specialized Training**

List specialized training which yielded certification, accreditation or license, etc.

|   | Type of Training | Institution | Certification, Accreditation, or License |
|---|------------------|-------------|--|
| 1 |                  |             |  |
| 2 |                  |             |  |
| 3 |                  |             |  |

List special skills, other relevant information, or provide clarification

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Work Experience

I have no previous work experience

May we contact your current or most recent employer? .....  Yes  No

Begin with your current or most recent experience. List work record history and include any other pertinent experience. **Failure to list work experience or stating 'See Resume' will be considered an incomplete application and subject to rejection.** Resumes should be attached to an application.

### 1 COMPANY NAME

Address \_\_\_\_\_ Telephone \_\_\_\_\_  
Job title \_\_\_\_\_ Start date \_\_\_\_\_ End date \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
Hours/wk. \_\_\_\_\_ Supervisor \_\_\_\_\_ # of employees you supervised \_\_\_\_\_

Describe this work experience (do not write "See Resume")

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### 2 COMPANY NAME

Address \_\_\_\_\_ Telephone \_\_\_\_\_  
Job title \_\_\_\_\_ Start date \_\_\_\_\_ End date \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
Hours/wk. \_\_\_\_\_ Supervisor \_\_\_\_\_ # of employees you supervised \_\_\_\_\_

Describe this work experience (do not write "See Resume")

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### 3 COMPANY NAME

Address \_\_\_\_\_ Telephone \_\_\_\_\_  
Job title \_\_\_\_\_ Start date \_\_\_\_\_ End date \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
Hours/wk. \_\_\_\_\_ Supervisor \_\_\_\_\_ # of employees you supervised \_\_\_\_\_

Describe this work experience (do not write "See Resume")

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## Work Experience *cont.*

### 4 COMPANY NAME

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Job title \_\_\_\_\_ Start date \_\_\_\_\_ End date \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Hours/wk. \_\_\_\_\_ Supervisor \_\_\_\_\_ # of employees you supervised \_\_\_\_\_

Describe this work experience *(do not write "See Resume")*

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### 5 COMPANY NAME

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Job title \_\_\_\_\_ Start date \_\_\_\_\_ End date \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Hours/wk. \_\_\_\_\_ Supervisor \_\_\_\_\_ # of employees you supervised \_\_\_\_\_

Describe this work experience *(do not write "See Resume")*

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If you would like to provide additional work experience, please list on a separate sheet and attach to application.

## Additional Experience

List any additional experience *(volunteering, internship, etc.)*:

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## Work Qualifications

Are you over 18 years of age? ..... Yes  No

(Employment is subject to verification that you meet any legal age requirements for any jobs for which you may apply)

Are you related to anyone at this agency? ..... Yes  No

If "Yes", please provide name and relationship

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## Work Qualifications *cont.*

Have you ever been discharged or requested to resign from any position for misconduct or unsatisfactory service? -----

Yes  No

If "Yes", please explain fully

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## Job Origin

I first learned of this job opening through *(please check one)*

### COUNTY RELATED

- Human Resource Dept.
- County Employee
- County Job Bulletin
- County Website
- County Job Hotline
- Direct Mailer
- Job Fair

### NEWSPAPERS

- Tri-Counties Newspaper
- Valley Mirror
- Chico Enterprise Record
- Chico News & Review
- Sacramento Bee

### INTERNET

- CalOpps.org
- Craigslist.org
- Monster.com
- Indeed.com
- HotJobs.com

### PUBLIC SECTOR PUBS

- Jobs Available
- Western City
- ICMA Newsletter
- City & State

### SPECIALIZED PUBS

- The Recorder
- Daily Journal
- Planners Network
- APA

### OTHER

- CA Job Journal
- \_\_\_\_\_

**DISABLED APPLICANTS:** The Agency will make reasonable accommodations in the exam process to accommodate disabled applicants. If you are invited to participate in any test process and have a disability for which you require an accommodation, please contact the agency.

I hereby certify that all statements made in this application are true and I agree and understand that any misstatement or omission of material fact will cause forfeiture on my part of all rights of employment with the Agency. I authorize investigation of all matters contained in this application. If offered a position, I further agree to submit to a complete medical examination by a City physician as a condition of employment. I further agree to be fingerprinted, to sign an oath of office, and to furnish proof of age, education, and either citizenship or the legal right to work in the United States of America upon appointment.

## Equal Employment Opportunity Questionnaire

Please complete both parts of this form. This information is voluntary and is gathered in accordance with State and Federal laws for the purpose of evaluating the effectiveness of our Equal Employment Opportunity policy and recruitment efforts. This information will not be used for employment discussions.

### ETHNICITY

Caucasian    African-American    Hispanic    Asian/Pacific Islander    Native American/Alaskan    Biracial/Other \_\_\_\_\_

### GENDER

Male    Female

### VETERANS STATUS

Yes    No

### DISABILITIES *(check all that apply)*

None    Hearing    Sight    Speech    Other \_\_\_\_\_