



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")

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")

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")

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")*

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")*

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.)*:

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

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

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 _____