

APPLICATION FOR EMPLOYMENT



CITY OF ATWATER
 PERSONNEL DEPARTMENT
 750 BELLEVUE ROAD
 ATWATER, CALIFORNIA 95301
 (209) 357-6300

PERSONNEL DEPARTMENT USE ONLY
 DO NOT WRITE IN THIS SPACE

Eligible _____ Ineligible _____

INSTRUCTIONS: 1. PLEASE PRINT IN INK OR ON THE TYPEWRITER. 2. COMPLETE BOTH SIDES OF THE APPLICATION. 3. KEEP THIS OFFICE INFORMED OF ANY CHANGE IN ADDRESS.

1. Last Name _____ First _____ Initial _____
 POSITION APPLIED FOR _____ DEPARTMENT _____

MAILING ADDRESS _____ Street No. _____ City _____ State _____ Zip Code _____
 PHONE _____ Home _____ Business _____

10. HAVE YOU EVER BEEN CONVICTED OF A FELONY OR A MISDEMEANOR INVOLVING MORAL TURPITUDE? If "YES" describe fully the nature of the offense, exclude offenses incurred as juvenile. (Convictions are evaluated for each position and are not necessarily disqualifying).

 YES NO

NAME AND PHONE NUMBER OF PERSON WHO CAN ALWAYS REACH YOU _____
 3. IF EMPLOYED, CAN YOU FURNISH PROOF OF AGE? YES NO
 (Employment is subject to verification that applicant's age meets legal requirements.)

4. CAN YOU, AFTER EMPLOYMENT, SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES? YES NO

5. HAVE YOU EVER BEEN EMPLOYED BY THE CITY OF ATWATER? YES NO
 6. WERE YOU EVER DISCHARGED, REJECTED DURING PROBATION OR HAVE YOU RESIGNED UNDER PRESSURE OR UNFAVORABLE CIRCUMSTANCES FROM ANY EMPLOYMENT? YES NO
 (IF YES, EXPLAIN FULLY) _____

7. INDICATE LANGUAGES IN ADDITION TO ENGLISH YOU SPEAK WELL ENOUGH TO ACT AS AN INTERPRETER _____
 8. TYPING SPEED: _____ SHORTHAND SPEED: _____

9. DO YOU HAVE ANY PHYSICAL CONDITION WHICH MAY LIMIT YOUR ABILITY TO PERFORM THE FUNCTIONS OF THIS JOB? YES NO
 If "YES", briefly describe them (Note: Employment offer is contingent upon passing City of Atwater physical examination. Physical condition evaluated for each position and may not necessarily be disqualifying.) _____

11. DO YOU POSSESS A VALID CALIFORNIA DRIVER'S LICENSE? YES NO
 License No. _____ Expiration Date _____
 Proof of a valid California Driver's License may be necessary if employed in positions requiring California Driver's License.

12. ARE THERE ANY HOURS, SHIFTS, OR DAYS YOU CANNOT, OR WILL NOT WORK? YES NO
 If "YES", please explain. _____

13. PLEASE INDICATE THE FOLLOWING TYPES OF EMPLOYMENT YOU WILL ACCEPT:
 FULL TIME _____
 PERMANENT PART-TIME _____
 EXTRA HELP _____

14. IF RELATED TO ANYONE IN OUR EMPLOYMENT, STATE NAME AND DEPARTMENT _____
 15. HOW DID YOU LEARN ABOUT THIS POSITION? (POSITION ANNOUNCEMENT, NEWSPAPER AD, CITY EMPLOYEE BULLETIN BOARD, STATE EMPLOYMENT OFFICE) _____

16. EDUCATION:

Did you graduate from High School? Yes No

Circle the Highest Grade

you completed in School 4 5 6 7 8 9 10 11 12

If you did not graduate, do you have a GED Certificate Yes No

Name and location of last school attended _____

NAME AND LOCATION OF COLLEGE OR UNIVERSITY	COURSE OF STUDY	COMPLETED		TYPE OF DEGREE	DATE COMPLETED	
		SEMESTER UNITS	QUARTER UNITS		MO.	YEAR

BUSINESS, CORRESPONDENCE, TRADE OR SERVICE SCHOOLS

COURSE OF STUDY

DATE COMPLETED

LICENSE REGISTRATION NUMBER OF PROFESSIONAL OR VOCATIONAL COMPETENCE

STATE OF ISSUE

EXPIRATION DATE

LIST JOB-RELATED ORGANIZATIONS OF WHICH YOU ARE A MEMBER

17. EXPERIENCE: BEGIN WITH YOUR MOST RECENT EXPERIENCE, Give your complete employment record for the last ten years. List any earlier experience of the kind required for this position. Attach additional sheets if needed. Do not substitute resume for the following information. A resume may be attached as a supplement.

PERIOD OF EMPLOYMENT	JOB TITLE AND MOST IMPORTANT DUTIES PERFORMED	NAME AND ADDRESS OF EMPLOYER
FROM _____ TO _____ MO YR MO YR TOTAL _____ YR. _____ MO. HOURS PER WEEK: _____	TITLE: _____ LAST SALARY: \$ _____ DUTIES: _____	Name _____ Address _____ City _____ Phone _____ REASON FOR LEAVING: _____
FROM _____ TO _____ MO YR MO YR TOTAL _____ YR. _____ MO. HOURS PER WEEK: _____	TITLE: _____ LAST SALARY: \$ _____ DUTIES: _____	Name _____ Address _____ City _____ Phone _____ REASON FOR LEAVING: _____
FROM _____ TO _____ MO YR MO YR TOTAL _____ YR. _____ MO. HOURS PER WEEK: _____	TITLE: _____ LAST SALARY: \$ _____ DUTIES: _____	Name _____ Address _____ City _____ Phone _____ REASON FOR LEAVING: _____
FROM _____ TO _____ MO YR MO YR TOTAL _____ YR. _____ MO. HOURS PER WEEK: _____	TITLE: _____ LAST SALARY: \$ _____ DUTIES: _____	Name _____ Address _____ City _____ Phone _____ REASON FOR LEAVING: _____

18. REFERENCES:

Give name, address and telephone number of three persons other than relatives

NAME	ADDRESS	TELEPHONE

I hereby certify that all statements on this application are true and complete and that any misstatement or omission of material facts will subject me to disqualification or dismissal. I hereby authorize any of my former employers, references or any person to furnish the City of Atwater their records of my services, reasons for my leaving their employ and all other information that may concern me whether on not on record. I hereby release any of my former employers, their agents or any other references from all liability for any damages whatsoever in furnishing said information.

The use of this form does not indicate there are any positions open and does not, in any way, obligate the City of Atwater.

Date: _____

Signature of Applicant _____

DISCLOSURE AUTHORIZATION AND RELEASE

"I hereby authorize any former employer, its employees and representative, or any person listed as a reference to provide any and all information they deem appropriate regarding my employment and job performance to the City of Atwater, and any of its employees, representatives, and agents. This information may be provided either verbally or in writing. In addition to authorizing the release of any information regarding my employment, I hereby fully waive any rights or claims I have or may have against any former employer, its employees and representatives, or any person listed as a reference, and release any former employer, its employees and representatives, former education institution, or any person listed as a reference from any and all liability, claims, or damages that may directly or indirectly result from the use, disclosure or release of such information by any person or party, whether such information is favorable or unfavorable to me."

Applicant's/Employee's Signature

Date

(Print or type individual's name)