

CITY OF GRASS VALLEY

EMPLOYMENT APPLICATION

AN EQUAL OPPORTUNITY EMPLOYER

A separate application is required for each position.

POSITION APPLYING FOR:		DATE:
DESIRED WORK SCHEDULE	E: FULL TIME _	PART TIME TEMPORARY SHIFT
WHEN ARE YOU AVAILABL	E TO BEGIN WORK? _	
NAME (FIRST, MIDDLE, LA	ST):	
If you have worked under a	different name, what v	was your former name and with what employer?
CURRENT ADDRESS:		
CITY:		STATE: ZIP:
PHONE:	EMAIL:	
ARE YOU 18 YEARS OR OL	.DER?	
Provide this information onl	ly if a license is necessa d may be required prio	CLASS: EXPIRATION DATE: ary to perform an essential function of this position. r to employment. If you become an employee of the City, ag City Business.
If hired can you produce do Immigration & Naturalization		tizenship or Legal Work Permits to comply with the
ARE YOU ON LAYOFF AND	SUBJECT TO RECALL	?
	_	forced to resign from employment for misconduct or cause reasons (attach additional sheets if necessary):
Can you perform the essent	ial job functions of this	s position with/without accommodations?
Do you have any relatives e	mployed by the City? _	
If yes, please provide name	and relationship:	
PROFESSIONAL OR TRADE	LICENSE, CERTIFICAT	ΓΕ OR REGISTRATION (if relevant):
Type:	No	Issue Date: Exp. Date:
`		have that could contribute to your success in the etc.):

EDUCATION AND EMPLOYMENT HISTORY

DID YOU GRADUATE FROM HIGH SCHOOL? _____ If no, do you have a GED Certificate? _____

DEGREE

COLLEGE, BUSINESS	144 IOD	DEGREE	DATES ATTENDED		
OR TRADE SCHOOL	MAJOR	EARNED			
RESUME WILL NOT SUBST LIST ALL EMPLOYMENT HISTORY DUR PLEASE INCLUDE/ATTACH MILITARY SE	ING THE LAST 10 YEARS,	BEGINNING WI	TH MOST RECENT.		
Employer:	Phone:	S	chedule:		
Address:					
Job Title:					
Dates Employed: From To	Reason for Leaving	:			
Employer:	Phone:	S	chedule:		
	Supervisor Name:				
Job Title:	Duties:				
Dates Employed: From To	Reason for Leaving	:			
Employer:	Phone:	S	chedule:		
Address:	Supervise	or Name:			
Job Title:	Duties:				
Dates Employed: From To	Reason for Leaving	:			
JOB F	RELATED WORK REFERENCES	<u>5</u>			
Name: Phor	ne: Rela	ationship:			
Name: Phor	ne: Rela	Relationship:			
Name: Phor	ne: Rela	Relationship:			
I authorize the employers, educational institution previous employment, education, and any pertiany damages that may result from furnishing same	nent information they may				
Which employer(s) would you prefer the City not	t to contact?	Why?			
CER	TIFICATION OF APPLICANT				
I CERTIFY THAT ALL STATEMENTS MADE IN THIS MISSTATEMENT OF MATERIAL FACTS MAY SUBJEC			THAT ANY		
Applicant's Signature:		Date:			