

City of Grass Valley  
**EMPLOYMENT APPLICATION**  
 AN EQUAL OPPORTUNITY EMPLOYER  
 Use Typewriter or print clearly in ink  
 A separate application is required for each position

POSITION APPLYING FOR: \_\_\_\_\_ DATE: \_\_\_\_\_

ACCEPTABLE WORK:  FULL TIME  PART TIME  TEMPORARY  SHIFT

NAME: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

PRESENT ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

PHONE: HOME \_\_\_\_\_ WORK \_\_\_\_\_

E-MAIL \_\_\_\_\_ Minimum Acceptable Salary \_\_\_\_\_

If you have worked under a different name, what was your former name and with what employer?  
 \_\_\_\_\_

Are you eighteen (18) years or older?  YES  NO

If hired can you produce documentation of U.S. Citizenship or Legal Work Permits to comply with the Immigration & Naturalization Act?  YES  NO

In the last ten years have you been discharged or forced to resign from employment for misconduct or cause?  
 YES  NO If yes, identify all such employers, dates and reasons: \_\_\_\_\_

Can you perform the essential job functions of this position with/without accommodations?  YES  NO

Do you have any relatives employed by the City?  YES  NO

If Yes, give name and relationship \_\_\_\_\_

When are you available to begin work? \_\_\_\_\_

Are you on a layoff and subject to recall? \_\_\_\_\_

California Driver's License No. \_\_\_\_\_ Class \_\_\_\_\_ Exp. Date \_\_\_\_\_

(Provide this information only if a license is necessary to perform an essential function of this position. An acceptable driving record may be required prior to employment. If you become an employee of the City, you may be required to use your own vehicle in the course of City Business.)

Professional or Trade License, Certificate or Registration (if relevant):

Type \_\_\_\_\_ No. \_\_\_\_\_ Date Issued \_\_\_\_\_ Expires \_\_\_\_\_ Indicate what special skills you have:

Typing \_\_\_\_\_ WPM  10 key  Computer Programs \_\_\_\_\_  
 Other \_\_\_\_\_

**EDUCATION**

Did you graduate from High School?  YES  NO If "NO" do you have a G.E.D. certificate?  YES  NO

DATES ATTENDED	COLLEGE, BUSINESS OR TRADE SCHOOL NAME, ADDRESS, CITY AND STATE	Major	CREDITS EARNED	DEGREE
		Major	Qtr Sem	Yes No
			Hours _____	Type _____
		Major	Qtr Sem	Yes No
			Hours _____	Type _____
		Major	Qtr Sem	Yes No
			Hours _____	Type _____

PLEASE RETURN COMPLETED APPLICATIONS TO : CITY OF GRASS VALLEY  
 125 EAST MAIN STREET  
 GRASS VALLEY, CA 95945

**BEGINNING WITH PRESENT OR MOST RECENT EXPERIENCE ACCOUNT FOR ALL EMPLOYMENT DURING THE LAST 10 YEARS. IF YOU HAVE ADDITIONAL EMPLOYERS OR WISH TO ELABORATE ON YOUR EXPERIENCE, SUPPLEMENTAL SHEETS MUST BE ATTACHED. LIST ALL MILITARY SERVICE AND RELEVANT VOLUNTEER WORK, IF APPLICABLE. RESUME WILL NOT SUBSTITUTE FOR A COMPLETED APPLICATION FORM**

Employer Name _____	From _____ To _____	Job Title _____
Address _____	Mo. Yr. _____ Mo. Yr. _____	Duties _____
City _____	____ / ____ _____ / ____	Reason for Leaving _____
State _____ Zip _____	Full Time <input type="checkbox"/>	Supervisor _____
Telephone _____	Part Time <input type="checkbox"/>	
	Volunteer <input type="checkbox"/>	
	Hours/week _____	

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City _____	____ / ____ _____ / ____	Reason for Leaving _____
State _____ Zip _____	Full Time <input type="checkbox"/>	Supervisor _____
Telephone _____	Part Time <input type="checkbox"/>	
	Volunteer <input type="checkbox"/>	
	Hours/week _____	

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	Volunteer <input type="checkbox"/>	
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Telephone _____	Part Time <input type="checkbox"/>	
	Volunteer <input type="checkbox"/>	
	Hours/week _____	

**JOB RELATED WORK REFERENCES (Local, if possible)**

Name _____	Position _____	Business _____
Address _____	Phone _____	Relationship _____
Name _____	Position _____	Business _____
Address _____	Phone _____	Relationship _____
Name _____	Position _____	Business _____
Address _____	Phone _____	Relationship _____

**I authorize the employers, educational institutions and references listed to give you any information concerning my previous employment, education and any pertinent information they may have. I release all parties from liability for any damages that may result from furnishing same to City.**

Which employers would you prefer the City not to contact? \_\_\_\_\_ Reason? \_\_\_\_\_

**CERTIFICATION OF APPLICANT**

I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND COMPLETE, AND THAT ANY MISSTATEMENT OF MATERIAL FACTS MAY SUBJECT ME TO DISQUALIFICATION OR DISMISSAL.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_