

City of Grass Valley
EMPLOYMENT APPLICATION
 AN EQUAL OPPORTUNITY EMPLOYER

Please type or print clearly in ink
 A separate application is required for each position applied for

POSITION APPLYING FOR: _____ DATE: _____

ACCEPTABLE WORK: FULL TIME PART TIME TEMPORARY SHIFT

NAME: Last _____ First _____ Middle _____

PRESENT ADDRESS: _____ CITY _____

STATE: _____ ZIP: _____ EMAIL: _____

PHONE: Home: _____ Work: _____ Minimum Acceptable Salary: _____

If you have worked under a different name, what was your former name and with which 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 and Naturalization Act? YES NO

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 a name and relationship:

When are you available to begin work? _____ Are you on layoff, or subject to recall YES NO

California Driver's License No. _____ Class _____ Expiration 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 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. Certification? YES NO

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

PLEASE RETURN COMPLETED APPLICATIONS TO:

**HUMAN RESOURCES
 CITY OF GRASS VALLEY
 125 EAST MAIN STREET
 GRASS VALLEY, CA 95945**

For questions, please call: (530) 274-4313

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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. A RESUME WILL NOT SUBSTITUTE FOR A COMPLETED APPLICATION FORM.

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

JOB RELATED WORK REFERENCES (Local, if possible)

Name _____	Position _____	Business _____
Address _____	_____	Relationship _____
City _____ State _____ Zip _____	Phone _____	
Name _____	Position _____	Business _____
Address _____	_____	Relationship _____
City _____ State _____ Zip _____	Phone _____	
Name _____	Position _____	Business _____
Address _____	_____	Relationship _____
City _____ State _____ Zip _____	Phone _____	

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 the City of Grass Valley.

Which employers would you prefer the City not 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 _____

