

City of Grass Valley
EMPLOYMENT APPLICATION
 AN EQUAL OPPORTUNITY EMPLOYER

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	
			Qtr	Sem	Yes	No
			Hours _____		Type _____	
			Hours _____		Type _____	
			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 _____	____ / ____	_____
State _____ Zip _____	Full Time <input type="checkbox"/>	Reason for Leaving _____
Telephone _____	Part Time <input type="checkbox"/>	_____
	Volunteer <input type="checkbox"/>	Supervisor _____
	Hours/week _____	

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