



City of Grass Valley/Nevada County Consolidated/City of Nevada City
EQUAL OPPORTUNITY EMPLOYERS

(Type or print clearly in ink; a separate application is required for each position)

DATE:

POSITION APPLYING FOR:

NAME: Last First Middle

PRESENT ADDRESS City

STATE ZIP E-MAIL ADDRESS

PHONE: Home Work Other

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

Are you of the legal age to work? 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 (10) years have you been discharged or forced to resign from employment for misconduct or cause? YES NO

If yes, identify all such employers, dates & reasons:

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

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

If yes, give name and relationship:

When are you available to work? Are you on a layoff and subject to recall? YES NO

Any Questions, please call (530)273-3158

EDUCATION

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

SCHOOL	NAME OF SCHOOL CITY & STATE	COURSE OF STUDY	MAJOR	DID YOU GRADUATE?	DIPLOMA OR DEGREE?
JUNIOR COLLEGE					
COLLEGE					
OTHER					

WORK EXPERIENCE

Beginning with present or most recent experience, account for all employment during the last ten (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.

Employer Name Address City State Zip Phone	From To Mo/Yr Mo/Yr Full Time Part Time Volunteer Hours/Week	Job Title Duties Reason for leaving Supervisor
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References

Job Related References

NAME, ADDRESS, POSITION	BUSINESS RELATIONSHIP	PHONE

Personal References (NOT former employers or relatives)

NAME	ADDRESS	PHONE

Which employers would you prefer the City/District not contact?

Reason?

ADDITIONAL INFORMATION

1. Write a brief statement as to why you would like to work for the Cities/District.
2. Are there any other experiences, skills, or qualification which will be of special benefit in the job for which you are applying? (Certificates, Special Training, etc.)

CERTIFICATION OF APPLICANT

PLEASE READ CAREFULLY AND SIGN BELOW

Incomplete or illegible applications will not be processed.

I hereby certify that all statements made on or in connection with this application, including those regarding my training and experience, are true and complete to the best of my knowledge and belief, and I understand that any misstatements or omissions of material fact herein are cause for dismissal from NCCFD, GVFD or NCFD.

I am aware that if I am the successful candidate, I will be required to undergo a medical and psychological examination, financial and personal background investigation, and reference check before formal appointment. I understand that formal appointment is conditional upon successfully completing these final checks, and that any preliminary job offer may be withdrawn based on the results of these final checks.

I hereby 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 said organizations, and persons from liability for any damages resulting from a good faith response to any inquiry I have authorized.

Signature of Applicant:

Date

DELIVERING INSTRUCTIONS: See the Job Announcement for specific instructions.