

An Equal Opportunity Employer

Please Print

_____ - _____
Date Last Name First Name Middle

Present Address

_____ - _____
No. & Street City State Zip Code

Mailing Address (if different from present address)

_____ - _____
No. & Street City State Zip Code

(____) _____ - _____ (____) _____ - _____ (____) _____ - _____
Business Phone Home Phone Cell Phone

Employment Desired

Position applying for: _____

Are you applying for:

Regular full-time work?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Regular part-time work?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Temporary work,e.g.summer or holiday work?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

What days and hours are you available for work? _____

If applying for temporary work, during what period of time will you be available?

From: _____ To: _____

Are you available for work on weekends?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Would you be available to work overtime, if necessary?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If hired, on what date can you start work? _____

Salary Desired: \$ _____

Personal Information

Have you ever applied to or worked for the City of Alturas before?..... Yes No
If yes, when? _____

Do you have any friends or relatives working for the City of Alturas?..... Yes No
If yes, state name(s) and relationship:

Name Relationship

Name Relationship

If hired, would you have a reliable means of transportation to and from work?..... Yes No

Are you at least 18 years old? (If under 18, hire is subject to verification that you are
of minimum legal age.)..... Yes No

If hired, can you present evidence of your U.S. Citizenship or proof of your
legal right to live and work in this country?..... Yes No

Are you able to perform the essential functions of the job for which you are
applying, either with or without reasonable accommodation?..... Yes No
If no, describe the functions that cannot be performed.

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary
for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination,
skill and agility tests).

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? (Convictions for misdemeanor
marijuana-related offenses that are more than two years old need not be listed.) Yes No
If yes, state nature of the crime(s), when and where convicted, and disposition of the case.

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the
offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s)
applied for may, however, be considered.)

Are you currently employed?..... Yes No
If so, may we contact your current employer?..... Yes No

Education, Training, and Experience

School	Name and Address	No. of Years Completed	Did you Graduate?	Degree or Diploma	Certificate
HIGH SCHOOL	_____ Name _____ Address _____ City	_____	Yes ___ No ___	_____	_____
COLLEGE/ UNIVERSITY	_____ Name _____ Address _____ City	_____	Yes ___ No ___	_____	_____
Vocational/ Business	_____ Name _____ Address _____ City	_____	Yes ___ No ___	_____	_____
Other	_____ Name _____ Address _____ City	_____	Yes ___ No ___	_____	_____

Many of our customers do not speak English. Do you speak, write or understand any foreign languages? Yes No

If yes, which language(s)? _____

Do you have any other experience, training, qualifications, or skills that you feel make you especially suited for work at the City of Alturas? Yes No

If so, please explain:

Answer the following questions if you are applying for a professional position:

Are you licensed/certified for the job applied for?..... Yes No

Name of License/Certification: _____

License/Certification Number: _____

Has your License/Certification ever been revoked or suspended?..... Yes No
If yes, state reason(s), date of revocation or suspension, and date of reinstatement.

Employment History

List below all present and past employment starting with your most recent employer (last five years is sufficient).
Account for all periods of unemployment. You must complete this section even if attaching a resume.

Name of Employer Telephone No. (_____) _____ - _____

Type of Business Your Supervisor's Name

Address & Street City State Zip Code

Date of Employment: From: _____ To: _____ Weekly Pay: \$ _____ \$ _____
Starting Ending

Your Position and Duties

Reasons for Leaving

May we contact this employer for a reference?..... Yes No

Name of Employer Telephone No. (_____) _____ - _____

Type of Business Your Supervisor's Name

Address & Street City State Zip Code

Date of Employment: From: _____ To: _____ Weekly Pay: \$ _____ \$ _____
Starting Ending

Your Position and Duties

Reason for Leaving

May we contact this employer for a reference?..... Yes No

Employment History, Continued

Name of Employer

Telephone No.

Type of Business

Your Supervisor's Name

Address & Street

City

State

Zip Code

Dates of Employment: From: _____ To: _____ Weekly Pay: \$ _____ \$ _____
Starting Ending

Your Position and Duties

Reasons for Leaving

May we contact this employer for a reference?..... Yes No

Name of Employer

Telephone No.

Type of Business

Address & Street

City

State

Zip Code

Dates of Employment: From: _____ To: _____ Weekly Pay: \$ _____ \$ _____
Starting Ending

Your Position & Duties:

Reasons for Leaving:

May we contact this employer for a reference?..... Yes No

NOTE: ATTACH ADDITIONAL PAGE(S) IF NECESSARY

MILITARY SERVICE

Have you obtained any special skills or abilities as the result of service in the Military?...
If so, describe:

Yes No

REFERENCES

List below three persons not related to you who have knowledge of your work performance within the last three years.

First Name Last Name Telephone No. () -

Address & Street City State Zip Code

Occupation No. of Years

First Name Last Name Telephone No. () -

Address & Street City State Zip Code

Occupation No. of Years

First Name Last Name Telephone No. () -

Address & Street City State Zip Code

Occupation No. of Years

Please Read Carefully, Initial Each Paragraph and Sign Below

_____ I hereby certify that I have not knowingly withheld any information that might adversely affect my
Initials chances for employment and that the answers given by me are true and correct to the best of
my knowledge. I further certify that I, the undersigned applicant, have personally completed this
application. I understand that any omission or misstatement of material fact on this application
or on any document used to secure employment shall be grounds for rejection of this application
for immediate discharge if I am employed, regardless of the time elapsed before discovery.

_____ I hereby authorize the City of Alturas to thoroughly investigate my references, work record, education
Initials and other matters related to my suitability for employment, and further, authorize the references I
have listed to disclose to the City of Alturas any and all letters, reports and other information related
related to my work records, without giving me prior notice of such disclosure. In addition, I hereby
release the City of Alturas, my former employers and all person, corporations, partnerships and
associations from any and all claims, demands or liabilities arising out of or in any way related to
such investigation or disclosure.

_____ I understand that nothing contained in the application, or conveyed during any interview which may
Initials be granted or during my employment, if hired, is intended to create an employment contract between
me and the City of Alturas. In addition, I understand and agree that if I am employed, my employment
is for no definite or determinable period and may be terminated at any time, with or without prior
notice, at the option of either myself or the City of Alturas, and that no promises or representation
contrary to the foregoing are binding on the company unless made in writing and signed by me
and the City of Alturas' designated representative.

_____ Should a search of public records (including records documenting an arrest, indictment, conviction,
Initials civil judicial action, tax lien or outstanding judgment) be conducted by internal personnel employed
by the City of Alturas, I am entitled to copies of any such public records obtained by the City of
Alturas unless I mark the check box below. If I am not hired as a result of such information, I am
entitled to a copy of any such records even though I have checked the box below.

I waive receipt of a copy of any public record described in the paragraph above.

_____ Date

_____ Applicant's Signature

NOTE: MINORS UNDER 18 YEARS OF AGE MUST ATTEND SCHOOL TO GET A WORK PERMIT. MINORS AGED 14 THROUGH 17 ARE REQUIRED TO GET WORK PERMITS BEFORE STARTING A JOB.

IF A STUDENT GRADUATES FROM HIGH SCHOOL BEFORE 18, HE/SHE NO LONGER NEEDS A WORK PERMIT.