



# City of Isleton

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DATE OF APPLICATION: \_\_\_\_\_

## EMPLOYMENT APPLICATION

**APPLICATIONS ARE CONSIDERED FOR ALL POSITIONS WITHOUT REGARD TO RACE/COLOR, ETHNICITY/NATIONAL ORIGIN, RELIGION, SEX, AGE, MARITAL OR VETERAN STATUS, OR THE PRESENCE OF A NON-JOB-RELATED MEDICAL CONDITION OR HANDICAP**

**PLEASE READ THE FOLLOWING INSTRUCTIONS AND APPLICABLE JOB ANNOUNCEMENT CAREFULLY BEFORE COMPLETING THIS APPLICATION:** Type or neatly print your application in blue or black ink. All sections must be answered completely and accurately. An incomplete application may disqualify you. Applicants must meet all qualifications for the position by the application deadline unless otherwise specified in the job announcement.

**EXACT TITLE OF POSITION APPLIED FOR:** \_\_\_\_\_

Referral Source:  Advertisement  Friend  Relative  
 Walk-in  Employment Agency  Other: \_\_\_\_\_

### PERSONAL INFORMATION

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

MAILING ADDRESS: \_\_\_\_\_  
*City State Zip*

HOME PHONE: \_\_\_\_\_ MESSAGE PHONE: \_\_\_\_\_ SSI: \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_  
If while under the age of 18, **YES**   
can you furnish a work permit? **NO**

Have you filed an application here before?  **YES**  **NO** If YES, date: \_\_\_\_\_

Have you ever been employed here before?  **YES**  **NO** If YES, date: \_\_\_\_\_

Are you able to do hard physical work/labor?  **YES**  **NO**

Do you possess a valid driver's license? (May be required for position)  **YES**  **NO**

Are you a U.S. Citizen?  YES  NO If not, do you have the legal right to remain permanently in the U.S.?  YES  NO  
 Do you claim Veteran's Preference? (Not given in promotional selection process)  YES  NO  
**If yes, please attach a non-returnable copy of DD-214 if requesting veteran's preference**

On what date will you be available to work? \_\_\_\_\_

Are you available to work:  Full Time  Part Time  Shift Work  Temporary

Will you accept: PART-TIME WORK?  YES  NO

TEMPORARY WORK?  YES  NO

Are you on lay-off and subject to recall?  YES  NO

Can you travel if a job requires it?  YES  NO

**EDUCATIONAL/TRAINING/SPECIAL QUALIFICATIONS**

**\*\*Please submit verification of your college education such as copies of your diplomas and/or transcripts with application\*\***

Have you obtained you high school diploma?  YES  NO

If not, have you obtained an equivalent, such as a GED?  YES  NO

College/University/Trade School or Special Training	Course of Study/Major	Type of Degree/Certificate

**EMPLOYMENT HISTORY/WORK EXPERIENCE**

**DO NOT INDICATE "SEE RESUME."** This section **MUST** be completed even if supplemented by a resume. List all jobs in the last ten years. Be specific in describing your duties. Be sure to list change in title or promotion separately. If qualifying experience is part-time or voluntary, list the number of hours per week spent performing the work. Qualifying experience is based on 40 hours per week (prorated if less than 40 hours/week). Give specifics on the experience that you believe meets the entrance requirements for the position you are applying. Go back more than ten years if necessary. Attach additional copies of this page if necessary. Begin with your present job and work backwards. Account for periods of unemployment in excess of 90 days.

**ARE YOU CURRENTLY EMPLOYED?**  YES  NO  
**IF SO, MAY WE CONTACT YOUR PRESENT EMPLOYER?**  YES  NO

Present or Most Current Employer: \_\_\_\_\_

Address: \_\_\_\_\_

*Street* *City* *State* *Zip*

Exact Title of Position: \_\_\_\_\_ Employed from: \_\_\_\_\_ to: \_\_\_\_\_ Last Rate of Pay: \_\_\_\_\_

Hours Worked per Week: \_\_\_\_\_ Supervisor Name, Title: \_\_\_\_\_ Phone # \_\_\_\_\_

Duties and Responsibilities: \_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Present or Most Current Employer: \_\_\_\_\_

Address: \_\_\_\_\_

*Street* *City* *State* *Zip*

Exact Title of Position: \_\_\_\_\_ Employed from: \_\_\_\_\_ to: \_\_\_\_\_ Last Rate of Pay: \_\_\_\_\_

Hours Worked per Week: \_\_\_\_\_ Supervisor Name, Title: \_\_\_\_\_ Phone # \_\_\_\_\_

Duties and Responsibilities: \_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Present or Most Current Employer: \_\_\_\_\_

Address: \_\_\_\_\_

*Street* *City* *State* *Zip*

Exact Title of Position: \_\_\_\_\_ Employed from: \_\_\_\_\_ to: \_\_\_\_\_ Last Rate of Pay: \_\_\_\_\_

Hours Worked per Week: \_\_\_\_\_ Supervisor Name, Title: \_\_\_\_\_ Phone # \_\_\_\_\_

Duties and Responsibilities: \_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**INDICATE ANY LANGUAGES YOU SPEAK, READ, AND/OR WRITE**

	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

## DISCLOSURE

*The California Fair Employment and Housing Commission prohibits asking applicants about convictions that have been sealed, expunged or legally eradicated, or misdemeanor convictions for which probation was completed and the case was dismissed.*

1. Have you ever been terminated or asked to resign from a position?  YES  NO  
If YES, please give name and address of employer, date of occurrence, and reason. CITE ALL CASES.

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2. Do you have any impairments that would prevent you from performing the position being applied for? If YES, please explain.  YES  NO

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## RELEASE/CERTIFICATION

Before date of hire, applicant will be required to provide social security number, be fingerprinted, pass a medical examination that includes screening, and submit proof of U.S. Citizenship or legal right to remain and work in the U.S. Applicants may also be required to submit proof of age and undergo a background check and possibly a psychological evaluation. Applicants who fail the pre-employment drug test will not be eligible to apply for employment with the City of Isleton for one year from the date of the drug screening.

I hereby give permission to the City of Isleton, its officers, agents, and employees to seek to verify and supplement the information set forth in the employment application for the position of \_\_\_\_\_, and I release, from all liability, damages, or legal claims every person seeking or providing information, whether oral or written, for this purpose. A photocopy or facsimile of this release shall be as valid as the original, and may be relied upon by all persons providing information.

All information furnished is deemed strictly confidential and shall be available to no other than management personnel of this City. I understand that I am not entitled to and will not have access to any information provided.

The City of Isleton takes very seriously any false or misleading information provided by applicants on a job application, resume, or related materials or other statements of fact submitted by job applicants to be considered for employment. Any oral or written statements or documents supplied by a job applicant that contains false or misleading information **WILL** result in the City of Isleton's refusal to hire the applicant, and if discovered after employment begins, **WILL** result in immediate dismissal from employment.

My signature certifies I completed this application, and that all entries on it and information in it are true and correct.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

This portion is intended for research and evaluation purposes only. *Completion of this form is voluntary and will not be used in the hiring process.* Your cooperation in providing this information is greatly appreciated.

Position Applied For: \_\_\_\_\_ Date: \_\_\_\_\_

**RECRUITMENT RESEARCH**

Indicate how you learned about this recruitment (check only one)

- |   |  |
|---|--|
| <input type="checkbox"/> Sacramento Bee   | <input type="checkbox"/> City Jobline            |
| <input type="checkbox"/> California Job Journal                                       | <input type="checkbox"/> City Bulletin Board     |
| <input type="checkbox"/> Jobs Available   | <input type="checkbox"/> City Webpage            |
| <input type="checkbox"/> PORAC  | <input type="checkbox"/> Job Fair Trade Show     |
| <input type="checkbox"/> CPRS   | <input type="checkbox"/> School/Placement Office |
| <input type="checkbox"/> Newspaper or trade publication other than those listed above | <input type="checkbox"/> Organization or Group   |
| _____   | <input type="checkbox"/> EDD                     |
| <input type="checkbox"/> Friend/Family member   | <input type="checkbox"/> Internet Service        |
| <input type="checkbox"/> City Jobline   | <input type="checkbox"/> Other                   |

