

City of Isleton

101 Second Street P.O. Box 716 Isleton, Sacramento Co., California 95641 Tel: 916-777-7770 Fax: 916-777-7775 Email: wvonne.zepeda@cityofisleton.com

DATE OF APPLICATION:

EMPLOYMENT APPLICATION

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

PLEASE READ THE FOLLOWING INSTRUCTIONS AND APPLICABLE JOB ANNOUNCEMT 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	Fr	iend	Relative	
Walk-in	Employment	Agency		Other:	
PERSONAL INFO	ORMATION				
NAME:					
	Last	First		Middle	
MAILING ADDRESS:					
		City		State	Zip
HOME PHONE:	MESSAG	GE PHONE:		SSI:I	1
DATE OF BIRTH: I I I I I I I I I I I I I I I I I I I					
Have you filed an applic	ation here before?	YES	NO	If YES, date:	
Have you ever been em	ployed 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)				NO	

Are you a U.S. Citizen?		not, do you have the legal right to remain	
Do you claim Veteran's Preference? (No	•	rmanently in the U.S.? YES NO NO YES NO	
		requesting veteran's preference	
On what date will you be available to wo	rk?		
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	
Can you travel if a job requires it?		YES NO	
EDUCATIONAL/TRAINING/S	SPECIAL OLIALIFIC	CATIONS	
		on such as copies of your diplomas	
	or transcripts with app		
Have you obtained you high school diplo	oma?	YES NO	
If not, have you obtained an equivalent,		YES NO	
College/University/Trade School or	Course of Study/Majo	Type of Degree/Certificate	
Special Training			
EMPLOYMENT HISTORY/W	ORK EXPERIENCI	Ξ	
DO NOT INDICATE "SEE DESIME"	his section MUST he comp	lated even if supplemented by a resume. List	
DO NOT INDICATE "SEE RESUME." This section <u>MUST</u> 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. Accou			
ARE YOU CURRENTLY EMPLOYED?	Г	YES NO	
IF SO, MAY WE CONTACT YOUR PRE	SENT EMPLOYER?	YES NO	

Present or Most Current	Employer:			
Address:				`
			State	•
Exact Title of Position:		_Employed from:	to:	_ Last Rate of Pay:
Hours Worked per Week	:: Supervisor Name, Title	e:		Phone #
Duties and Responsibiliti	ies:			
Reason for Leaving:				
Present or Most Current	Employer:			
				`
		•		Zip
Exact Title of Position:		_Employed from:	to:	_ Last Rate of Pay:
Hours Worked per Week	:: Supervisor Name, Title	e:		Phone #
Duties and Responsibiliti	ies:			
Reason for Leaving:				
Present or Most Current	Employer:			
				<u> </u>
Street		•	State	•
	:: Supervisor Name, Title			
Duties and Responsibiliti	ies:			
Reason for Leaving:				
Reason for Leaving				
INDICATE ANY L	ANGUAGES YOU SP	EAK, READ, A	ND/OR '	WRITE
	FLUENT	GOOD		FAIR
SPEAK				
READ				
WRITE				

DIS	CLOSURE			
	The California Fair Employment and Housing Committhat have been sealed, expunged or legally eradicate was completed and the case was dismissed.			
1.	Have you ever been terminated or asked to resign fro If YES, please give name and address of employer, d		YES ason. CITE ALL	NO CASES.
2.	Do you have any impairments that would prevent you	from		
۷.	performing the position being applied for? If YES, plea		YES	NO
REL	EASE/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 sig	gnature certifies I completed this application, and that all ct.	entries on it and informat	ion in it are true	and
	<u>-</u>	Signature of Applica	nt	
_	Date	Printed N	ame	

This portion is intended for research and evaluation purposes on not be used in the hiring process. Your cooperation in providing t	• •
Position Applied For:	Date:
RECUITMENT RESE Indicate how you learned about this recr	
 [] Sacramento Bee [] California Job Journal [] Jobs Available [] PORAC [] CPRS [] Newspaper or trade publication other than those listed above 	[] City Jobline [] City Bulletin Board [] City Webpage [] Job Fair Trade Show [] School/Placement Office [] Organization or Group [] EDD
[] Friend/Family member [] City Jobline	[] Internet Service [] Other