

# APPLICATION FOR EMPLOYMENT

CITY OF WILLOWS  
 201 N Lassen Street  
 Willows, CA 95988  
 (530) 934 7041  
 FAX (530) 934 7402

We consider applications for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, sexual orientation, citizenship status, genetic information or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For		Date of Application
How Did You Learn About Us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Inquiry <input type="checkbox"/> Employment Agency <input type="checkbox"/> Relative <input type="checkbox"/> Other _____		
Last Name	First Name	Middle Name
Address	Number	Street
	City	State
		Zip Code
Telephone Number(s)		Social Security Number (voluntary)

Best time to contact you at home is: ..... : ..... <sup>AM</sup>/<sub>PM</sub>

If you are under 18 years of age, can you provide required proof of your eligibility to work? .....  Yes  No

Have you ever filed an application with us before? If Yes, give date .....  Yes  No

Have you ever been employed with us before? If Yes, give date .....  Yes  No

Do any of your friends or relatives, other than spouse, work here? .....  Yes  No  
 If Yes, state name, relationship and location \_\_\_\_\_

Are you currently employed? .....  Yes  No

May we contact your present employer? .....  Yes  No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?  
*Proof of citizenship or immigration status will be required upon employment.* .....  Yes  No

Date available for work \_\_\_\_\_ What is your desired salary range? \_\_\_\_\_

Are you available to work:  Full Time (Please indicate 1 2 3 shift)  
 Part Time (Please indicate Mornings Afternoon Evenings)  
 Temporary (Please indicate dates available \_\_\_\_\_ - \_\_\_\_\_)

Are you currently on "lay-off" status and subject to recall? .....  Yes  No

Can you travel if a job requires it? .....  Yes  No

## EDUCATION

School	Name and Address of School	Course of Study	Number of Years Completed	Diploma / Degree
High School				
Undergraduate College				
Graduate/Professional				
Other (Specify)				

## ADDITIONAL INFORMATION

State any additional information you feel may be helpful to us in considering your application, including any job related training in the U.S. Military.

**Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.**

Can you perform the essential functions of the job, for which you are applying, either with or without a reasonable accommodation? \_\_\_\_\_ YES \_\_\_\_\_ NO

THE CITY OF WILLOWS IS AN EQUAL OPPORTUNITY PROVIDER

## EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. Exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer	Dates Employed		Work Performed
Address	From	To	
Telephone Number(s)	Hourly Rate/Salary		
Starting/Present Job Title	Starting	Final	
Supervisor			
Reason for Leaving	May We Contact		<input type="checkbox"/> Yes <input type="checkbox"/> No

  

Employer	Dates Employed		Work Performed
Address	From	To	
Telephone Number(s)	Hourly Rate/Salary		
Starting/Present Job Title	Starting	Final	
Supervisor			
Reason for Leaving	May We Contact		<input type="checkbox"/> Yes <input type="checkbox"/> No

  

Employer	Dates Employed		Work Performed
Address	From	To	
Telephone Number(s)	Hourly Rate/Salary		
Starting/Present Job Title	Starting	Final	
Supervisor			
Reason for Leaving	May We Contact		<input type="checkbox"/> Yes <input type="checkbox"/> No

## REFERENCES Do not include family members or past supervisors.

Name	Phone Number	Best Time to Call	Occupation
1.			
2.			
3.			

## APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Employer.

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

\_\_\_\_\_  
Date

This Application For Employment is sold for general use throughout the United States. Amsterdam Printing assumes no responsibility for the use of said form or any questions which, when asked by the employer of the job applicant, may violate State and/or Federal Law.



**APPLICATION TRACKING SHEET**  
**City of Willows**

Date \_\_\_\_\_

Completion of this form is voluntary. The data will be used solely for research and statistical purposes and in no way affects any employment decision. In accordance with State law, the form will be separated from your employment application immediately upon receipt, and the information received will not be made available to any person involved in the hiring process. Your cooperation in answering all the questions completely and accurately is appreciated.

Applicant's Name \_\_\_\_\_

Applicant's Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Position Applied For \_\_\_\_\_

Birth Date \_\_\_\_\_ Sex \_\_\_\_\_

Disability Status:     Visual Impairment     Hearing Impairment     Speech Impairment     Physical Disability  
                           Emotional Impairment         Developmental Disability     Other \_\_\_\_\_

I heard about this job from: (check one)

- City Employee
- Notified by City
- Job Fair
- Newspaper Advertisement - Name of Newspaper \_\_\_\_\_
- Employment Development Department – City \_\_\_\_\_
- Other – Specify \_\_\_\_\_
- Job Announcement
- Job Line
- City Manager's Office

The following information is requested by the Federal Government in order to monitor compliance with Federal laws prohibiting discrimination against applicants. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race/national origin of the individual applicants on the basis of visual observation or surname.

**Please check one box for each of the following categories:**

**ETHNICITY CATEGORY**

- Hispanic or Latino**
- Not Hispanic**

**RACE CATEGORY**

- American Indian or Alaska Native**
- Asian**
- Black**
- Native Hawaiian or Other Pacific Islander**
- White**

Were you treated courteously by the City's personnel staff?     Yes     No  
Did the person you talked to provide you with all the information you need concerning City employment?     Yes     No  
Were the application procedures and written instructions clear and understood?     Yes     No

If you answered no to any of the above, please specify so we may improve in the future \_\_\_\_\_

**The City of Willows is an Equal Opportunity Provider. Discrimination is prohibited by Federal law. Complaints of discrimination may be filed with the Secretary of Agriculture, Washington, D.C. 20250.**