

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.

Position(s) Applied for				Date of Application				
How did you hear about us? Advertisement		Friend	Inquiry	Employment Agency	Relative	Other		
Last Name		First Name		Middle Name				
Address			City	State	Zip Code			
Telephone Number(s)			Social Security Number(optional)					
Best time to contact you at home is:							AM/PM	
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 so, state name, relationship and department:								
Are you currently employed?							Yes	No
May we contact your current employer?							Yes	No
Are you prevented from lawfully becoming employed in this country due to a Visa or Immigration Status?							Yes	No
<i>Proof of citizenship or immigration status will be required upon employment</i>								
Date available for work:			What is your desired salary range?					
Are you available to work:		Full Time						
		Part Time	(Please indicate)	Morning	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 & Address of School	Course of Study	Number of years completed	Diploma/Degree
High School				
Undergraduate College				
Graduate/Professional				
Other (please 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.	
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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 functions of the job, for which you are applying for, either with or without a reasonable accommodation?	Yes No
WE ARE AN EQUAL OPPORTUNITY EMPLOYER	

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	To	From		
Telephone Number(s)				
Starting/Present Job Title	Hourly Rate/Salary			
	Starting	Final		
Supervisor				
Reason for leaving			May we contact	Yes No

Employer	Dates Employed		Work Performed	
Address	To	From		
Telephone Number(s)				
Starting/Present Job Title	Hourly Rate/Salary			
	Starting	Final		
Supervisor				
Reason for leaving			May we contact	Yes No

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Telephone Number(s)				
Starting /Present Job Title	Hourly Rate/Salary			
	Starting	Final		
Supervisor				
Reason for leaving			May we contact	Yes 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