

# 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?		<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						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?										<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Have you ever filed an application with us before? If yes, give date:										<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Have you ever been employed with us before? If yes, give date:										<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Do any of your friends or relatives, other than spouse, work here?										<input type="checkbox"/> Yes		<input type="checkbox"/> No	
If so, state name, relationship and department:													
Are you currently employed?										<input type="checkbox"/> Yes		<input type="checkbox"/> No	
May we contact your current employer?										<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Are you prevented from lawfully becoming employed in this country due to a Visa or Immigration Status?										<input type="checkbox"/> Yes		<input type="checkbox"/> 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:		<input type="checkbox"/> Full Time		<input type="checkbox"/> Part Time		(Please indicate)		<input type="checkbox"/> Morning		Afternoon		<input type="checkbox"/> Evenings	
		<input type="checkbox"/> Temporary		(Please indicate dates available)									
Are you currently on "lay-off" status and subject to recall?										<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Can you travel if a job requires it?										<input type="checkbox"/> Yes		<input type="checkbox"/> 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

<p>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.</p> <hr/> <hr/>	
<p><b>Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.</b></p> <p>Can you perform the functions of the job, for which you are applying for, either with or without a reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p><b>WE ARE AN EQUAL OPPORTUNITY EMPLOYER</b></p>	

## 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						
Supervisor						
Reason for leaving					May we contact	Yes      No
Employer	Dates Employed		<input type="checkbox"/> Work Performed			
Address	To	From				
Telephone Number(s)						
Starting/Present Job Title						
Supervisor					<input type="checkbox"/>	<input type="checkbox"/>
Reason for leaving					May we contact	Yes      No
Employer	Dates Employed		Work Performed			
Address	To	From				
Telephone Number(s)						
Starting /Present Job Title						
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