



CITY OF FIREBAUGH

1575 ELEVENTH STREET • FIREBAUGH, CALIFORNIA 93622
(559) 659-2043 • FAX (559) 659-3412

Application For Employment

We consider applications for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For					Date of Application					
How Did You Learn About Us?										
Last Name			First Name			Middle Name				
Address		Number		Street		City		State		Zip Code
Telephone Number(s)					Social Security Number					

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? Yes No

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

Are you currently employed? Yes No
If Yes, give date _____

May be contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No

On what date would you be available to work? _____

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

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

Can you travel if a job requires it? Yes No

Have you been convicted of a felony within the last 7 years? Yes No
Conviction will not necessarily disqualify an applicant from employment.

If yes, please explain _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

	Elementary School					High School				Undergraduate College/University				Graduate / Professional			
School Name and Location																	
Years Completed	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Diploma / Degree																	
Describe Course of Study																	
Describe any specialized training, apprenticeship, skills and extra-curricular activities																	
Describe any honors you have received																	
State any additional information you feel may be helpful to us in considering your application																	

Indicate any foreign languages you can speak, read and / or write

	Fluent	Good	Fair
Speak			
Read			
Write			

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status:

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations, which indicated race, color, religion, gender, national origin, handicap or other protected status.

1.	Employer	DATE EMPLOYED		Work Performed
		From	To	
	Address			
	Telephone	HOURLY RATE / SALARY		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			
2.	Employer	DATE EMPLOYED		Work Performed
		From	To	
	Address			
	Telephone	HOURLY RATE / SALARY		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			
3.	Employer	DATE EMPLOYED		Work Performed
		From	To	
	Address			
	Telephone	HOURLY RATE / SALARY		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			
4.	Employer	DATE EMPLOYED		Work Performed
		From	To	
	Address			
	Telephone	HOURLY RATE / SALARY		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			

If you need additional space, please continue on a separate sheet of paper.

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.
 I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.
 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. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.
 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

REFERENCE Give name, address and telephone number of three references who are not related to you and are not previous employers.

1. _____
2. _____
3. _____

Have you ever had any job-related training in the United States military? Yes No

If Yes, please describe _____

Are you physically or otherwise unable to perform the duties of the job for which you are applying? Yes No

Special Skills and Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.
