



CITY OF FIREBAUGH

1133 P 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) | | | | | | |

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:

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| |
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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 define 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.
