

## APPLICATION FOR EMPLOYMENT

33 Broadway, Jackson, CA 95642 □ Telephone: (209) 223-1646

| Date Received: | $\neg$ _ |
|----------------|----------|
|                |          |
|                |          |
|                |          |

**INSTRUCTIONS:** This application must be submitted, typed or in ink, to Jackson City Hall. A separate application is required for each position for which you wish to apply. Acceptability for any interview or examination is based on the information in this application. An application completed in insufficient detail or in pencil will be rejected. The application and attachments once submitted cannot be returned. It is your responsibility to notify the City of any change of address. **A résumé will not be accepted in lieu of any portion of the standard City application**, but may be submitted as an attachment.

| E  | XACT TITLE OF POSITIO  | N FOR WHICH YOU ARE APPLYING   | :                                   |                  | <del>_</del> |  |  |
|--|--|--|-------------------------------------|------------------|--------------|--|--|
| Т  | YPE OF EMPLOYMENT:   | ☐ Full Time ☐ Part-Time ☐ L  | imited Duration   Extra He          | lp               |              |  |  |
| N  | AME (First)  | ME (First) (Middle) (Last)   |                                     |                  |              |  |  |
| M  | MAILING ADDRESS (City) (State) (Zip                              |  |                                     |                  |              |  |  |
| PI<br>Ho   |  |  |                                     |                  |              |  |  |
|  | MAIL ADDRESS   | Business:  | Mobile:                             |                  |              |  |  |
|  | Yes  | s No   |                                     |                  |              |  |  |
| 1.   |  | yment, submit verification of the legal right t<br>06/86 to provide proof of legal status to be e                                    |                                     | s require        |              |  |  |
| 2.   | Do you object to the City ma                                     | king inquiry of your present employer?   |                                     |                  |              |  |  |
| 3.   | service, or have you ever res                                    | ged from a position, or terminated during a pigned upon request to avoid discharge? Givon, and the reason on the application. Cite a | re name and address of employer, of | ry date of       |              |  |  |
| 4. Have you ever been employed by the City of Jackson? If YES, give details in item 8. |  |  |                                     |                  |              |  |  |
| 5.   | Do you have a valid driver's l                                   | license to operate a motor vehicle in Californ   | nia?                                |                  |              |  |  |
|  | State - Type of License  | License Number Ex  | xpiration Date                      |                  |              |  |  |
| 6.   | SPACE BELOW IS PROVID<br>ON THE LAST PAGE OF TH                  | ED FOR AN EXPLANATION IF NECESSAF  | RY, OF QUESTIONS 1-5. ADDITIO       | )NAL SPACE IS AV | /AILABLE     |  |  |
| F  | OR PERSONNEL DEPARTMENT  | USE ONLY: Application  | n Accepted? Yes                     | l No □           |              |  |  |
|  | If application is rejected, for what reason? Incomplete □ Late □ |  |                                     |                  |              |  |  |
| In   | Insufficient Experience  Insufficient Education  Other:          |  |                                     |                  |              |  |  |

## EDUCATION AND EXPERIENCE

Please read the Minimum Qualifications described in the job announcement carefully before completing the sections below. The information you provide will allow us to determine whether you meet the Minimum Qualifications. Résumés CANNOT be substituted for completing the sections below in their entirety.

| EDUCATION: Do you poss   | sess a l | High School Diploma    | or (         | G.E.D.?: Yes  | □ No   |                         |                   |
|--|----------|------------------------|--------------|---|--|-------------------------|-------------------|
| Name & Location of Col<br>University, or Trade Sc                                  |          | Major Area of Stu      | dy           | Completed Units (✓ to indicate semester or quarter units) |  | Degree Received         | Date<br>Completed |
|  |          |                        |              | # of units  | ☐ Semester☐ Quarter                            |                         |                   |
|  |          |                        |              | # of units  | <ul><li>□ Semester</li><li>□ Quarter</li></ul> |                         |                   |
|  |          |                        |              | # of units  | ☐ Semester☐ Quarter                            |                         |                   |
|  | Ce       | rtificates of Training | g, Li        | icenses, or P   | rofessional Re                                 | gistration              |                   |
| Description:   |          |                        | Date Issued: |   |  | Registration #:         |                   |
| Description:   |          |                        | Da           | te Issued:  |  | Registration #:         |                   |
| * Please list any additional   | training | g, licenses or profess | iona         | al registration   | on an attached s                               | sheet or resume.        |                   |
| If this position requires typi   | ng, plea | ase indicate speed: _  |              |   |  |                         |                   |
| <b>EXPERIENCE:</b> Begin with Give details which you bel more space is needed, you | ieve me  | eets the entrance re   | quire        | ements for thi  | s position. Go b                               | ack more than ten years | s if necessary.   |
| Period of Employment   |          | Job Title and M        | lost         | Important Du  | uties  | Employer Contact        | Information       |
| FROM:/   | Јов T    | ITLE:                  |              | No. Super   | VISED:   | EMPLOYER:               |                   |
| To:/   | DUTIE    | S:                     |              |   |  | Address:                |                   |
| Total:YrMo.  |          |                        |              |   |  | SUPERVISOR:             |                   |
| FULL-TIME  |          |                        |              |   |  | PHONE No.:              |                   |
| PART-TIME  |          |                        |              |   |  | REASON FOR LEAVING:     |                   |
| FROM:/   | Joв T    | ITLE:                  |              | No. Super   | RVISED:  | EMPLOYER:               |                   |
| To:/   | DUTIE    | S:                     |              |   |  | Address:                |                   |
| Total:YrMo.  |          |                        |              |   |  | SUPERVISOR:             |                   |
| FULL-TIME  |          |                        |              |   |  | PHONE No.:              |                   |
| PART-TIME  |          |                        |              |   |  | REASON FOR LEAVING:     |                   |
| FROM://  | Joв T    | ITLE:                  |              | No. Super   | RVISED:  | EMPLOYER:               |                   |
| To:/   | DUTIE    | S:                     |              |   |  | ADDRESS:                |                   |
| TOTAL:YRMO.  |          |                        |              |   |  | SUPERVISOR:             |                   |

PHONE No.:

REASON FOR LEAVING:

FULL-TIME  $\Box$ 

PART-TIME  $\Box$ 

| Period of Employment  | Job Title and Most Important Duties Employer Contact Information  |                            |            |             |             |                     |
|---|---|----------------------------|------------|-------------|-------------|---------------------|
| FROM:/  | JOB TITLE:  | No. Supervised:            | :          | EMPLOYER:   |             |                     |
| To:/  | DUTIES:   |                            |            | ADDRESS:    |             |                     |
| Total:YrMo.   |   |                            |            | SUPERVISO   | R:          |                     |
| FULL-TIME   |   |                            |            | PHONE NO.   | :           |                     |
| PART-TIME   |   |                            |            | REASON FO   | R LEAVING:  |                     |
| FROM://   | JOB TITLE:  | No. Supervised:            |            | EMPLOYER:   | <u> </u>    |                     |
|   | DUTIES:   | 110. GOI ERVIDED           | <u> </u>   | ADDRESS:    |             |                     |
| To:/  | Dones.  |                            |            | ABBILLOO.   |             |                     |
| Total:YrMo.   |   |                            |            | SUPERVISO   | R:          |                     |
| FULL-TIME 🚨   |   |                            |            | PHONE NO.   | :           |                     |
| PART-TIME   |   |                            |            | REASON FO   | R LEAVING:  |                     |
|   | F   | REFERENCES                 |            |             |             |                     |
| habits, such as attendance in connection with this application for City employment. I understand and acknowledge that such information will be used confidentially and for the purposes of employment decisions only. It will not become part of my personnel records once I am employed and will not be available for review by me. I also authorize the individuals or organizations contacted to release the above information to the City of Jackson. |   |                            |            |             |             |                     |
| REFERENCE No. 1 (NAME   | ·):   |                            |            |             |             |                     |
| Address (Mailing):  |   | City:                      |            |             | State:      | Zip:                |
| Phone (Home):   | Business:   | Email:                     |            |             |             |                     |
| REFERENCE No. 2 (NAME   | ():   |                            |            |             |             |                     |
| Address (Mailing):  |   | City:                      |            |             | State:      | Zip:                |
| Phone (Home):   | Business:   | Email:                     |            |             |             |                     |
| REFERENCE No. 3 (NAME   | ·):   |                            |            |             |             |                     |
| Address (Mailing):  |   | City:                      |            |             | State:      | Zip:                |
| Phone (Home):   | Business:   | Email:                     |            |             |             |                     |
| CERTIFICATE OF APPLICANT  |   |                            |            |             |             |                     |
| Recheck the application to  | be sure it is complete and re   | ad the following carefully | y before s | signing. Ap | plicant mus | st sign personally. |
| of material facts herein may  | ements made in this application of the cause forfeiture on my part to be fingerprinted, to subnumer e required. | of any employment or p     | ayment a   | as an empl  | oyee in the | service of the City |
| Signature:  |   | Date:                      |            |             |             |                     |
| The City of Jackson is an Equal Opportunity Employer  |   |                            |            |             |             |                     |
| How did you find out about  | us?   | ☐ Jobs Available           | ☐ Sac      | Bee         | ☐ Stockton  | n Record            |
| □ Amador Ledger-Dispato   | h   | ☐ Buy & Sell Press         | ☐ Craig    | g's List    | Other:      |                     |

| STATE ANY ADDITIONAL INFORMATION THAT MAY BE HELPFUL IN REVIEWING YOUR APPLICATION:  THANK YOU FOR YOUR INTEREST IN EMPLOYMENT WITH THE CITY OF JACKSON  Preserving our past, enriching our present, building our future |   |
|--|---|
| THANK YOU FOR YOUR INTEREST IN EMPLOYMENT WITH THE CITY OF JACKSON   | ADDITIONAL SPACE FOR RESPONSES TO QUESTIONS 1-7 ON THE FIRST PAGE:                  |
| THANK YOU FOR YOUR INTEREST IN EMPLOYMENT WITH THE CITY OF JACKSON   |   |
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| WITH THE CITY OF JACKSON   | STATE ANY ADDITIONAL INFORMATION THAT MAY BE HELPFUL IN REVIEWING YOUR APPLICATION: |
| WITH THE CITY OF JACKSON   |   |
|  |   |
| Preserving our past, enriching our present, building our future  | WITH THE CITY OF JACKSON  |
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