



# City of Jackson Application for Employment

33 Broadway  
Jackson, CA. 95642 (209) 223-1646

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition or handicap.

**PLEASE PRINT**

Date of Application \_\_\_\_\_

1. Position(s) Applied For: \_\_\_\_\_

2. Referral Source:  Advertisement  Friend  Relative  Walk-In  
 Employment Agency  Other

3. Name \_\_\_\_\_  
Last First Middle

4. Address \_\_\_\_\_  
Number Street City State Zip Code

5. Telephone ( ) \_\_\_\_\_ 6. Social Security No. \_\_\_\_\_

7. California Drivers License No. \_\_\_\_\_ 8. Type \_\_\_\_\_ 9. Expires \_\_\_\_\_

10. If employed and under 18 years of age, can you furnish a work permit?  Yes  No

11. Have you filed an application here before?  Yes  No If Yes, give date \_\_\_\_\_

12. Have you ever been employed here before?  Yes  No If Yes, give date \_\_\_\_\_

13. Are you employed now?  Yes  No 14. May we contact your present employer?  Yes  No

15. Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? (Proof of citizenship or immigration status may be required upon employment)  Yes  No



16. On what date would you be available for work? \_\_\_\_\_

17. Are you able to work  Full Time  Part-Time  Shift Work  Temporary

18. Are you on a lay-off and subject to recall?  Yes  No

19. Can you travel if a job requires it?  Yes  No

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

If Yes, please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**AN EQUAL OPPORTUNITY EMPLOYER M/F/V/H**

# Employment Experience

21. Start with your present or last job. Include military service assignments and volunteer activities. **Exclude** organization names that indicate race, color, religion, sex or national origin.

|                    |           |                  |                    |       |                       |
|--------------------|-----------|------------------|--------------------|-------|-----------------------|
| 1                  | Employer  | Telephone<br>( ) | Dates Employed     |       | <b>Work Performed</b> |
|                    |           |                  | From               | To    |                       |
|                    | Address   |                  |                    |       |                       |
|                    | Job Title |                  | Hourly Rate/Salary |       |                       |
|                    |           |                  | Starting           | Final |                       |
| Supervisor         |           |                  |                    |       |                       |
| Reason for Leaving |           |                  |                    |       |                       |
| 2                  | Employer  | Telephone<br>( ) | Dates Employed     |       | <b>Work Performed</b> |
|                    |           |                  | From               | To    |                       |
|                    | Address   |                  |                    |       |                       |
|                    | Job Title |                  | Hourly Rate/Salary |       |                       |
|                    |           |                  | Starting           | Final |                       |
| Supervisor         |           |                  |                    |       |                       |
| Reason for Leaving |           |                  |                    |       |                       |
| 3                  | Employer  | Telephone<br>( ) | Dates Employed     |       | <b>Work Performed</b> |
|                    |           |                  | From               | To    |                       |
|                    | Address   |                  |                    |       |                       |
|                    | Job Title |                  | Hourly Rate/Salary |       |                       |
|                    |           |                  | Starting           | Final |                       |
| Supervisor         |           |                  |                    |       |                       |
| Reason for Leaving |           |                  |                    |       |                       |
| 4                  | Employer  | Telephone<br>( ) | Dates Employed     |       | <b>Work Performed</b> |
|                    |           |                  | From               | To    |                       |
|                    | Address   |                  |                    |       |                       |
|                    | Job Title |                  | Hourly Rate/Salary |       |                       |
|                    |           |                  | Starting           | Final |                       |
| Supervisor         |           |                  |                    |       |                       |
| Reason for Leaving |           |                  |                    |       |                       |

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

## 22. Special Skills and Qualifications

Summarize special skills and qualifications acquired from employment or other experience \_\_\_\_\_

\_\_\_\_\_

# Education

|  |            |            |                    |                           |
|--|------------|------------|--------------------|---------------------------|
| 23.  | Elementary | High       | College/University | Graduate/<br>Professional |
| School Name  |            |            |                    |                           |
| Years Completed:<br>(Circle)   | 4 5 6 7 8  | 9 10 11 12 | 1 2 3 4            | 1 2 3 4                   |
| Diploma/Degree   |            |            |                    |                           |
| Describe Course of Study   |            |            |                    |                           |
| Describe Specialized Training, Apprenticeship, Skills, and Extra Curricular Activities |            |            |                    |                           |

## 24. Honors Received:

25. State any additional information you feel may be helpful to us in considering your application.

### 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 understand that this application is not and is not intended to be a contract of employment.

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 Company.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

### For Personnel Department Use Only

Arrange Interview  Yes  No

Remarks \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
INTERVIEWER

\_\_\_\_\_  
DATE

Employed  Yes  No

Date of Employment \_\_\_\_\_

Job Title \_\_\_\_\_

Hourly Rate/Salary \_\_\_\_\_

Depart. \_\_\_\_\_

By \_\_\_\_\_

\_\_\_\_\_  
Name and Title

\_\_\_\_\_  
Date

26. Veteran of the U.S. Military Service?  Yes  No If Yes, Branch \_\_\_\_\_

27. Indicate languages you speak, read, and/or write.

|       | FLUENT | GOOD | FAIR |
|-------|--------|------|------|
| SPEAK |        |      |      |
| READ  |        |      |      |
| WRITE |        |      |      |

28. List professional, trade, business or civic activities and offices held.  
(You may exclude those which indicate race, color, religion, sex or national origin): \_\_\_\_\_

29. Give name, address and telephone number of three (3) references who are not related to you and are not previous employers.

**30. Special Employment Notice to Disabled Veterans, Vietnam era Veterans, and Individuals With Physical Or Mental Handicaps .**

Government contractors are subject to 38 USC 2012 of the Vietnam era Veterans Readjustment Act of 1974 which requires that they take affirmative action to employ and advance in employment qualified disabled veterans and veterans of the Vietnam Era, and Section 503 of the Rehabilitation Act of 1973, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified handicapped individuals.

If you are a disabled veteran, or have a physical or mental handicap, you are invited to volunteer this information. The purpose is to provide information regarding proper placement and appropriate accommodation to enable you to perform the job to the best of your ability in a proper and safe manner. This information will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect your consideration for employment.

If you wish to be identified, please sign below.

Handicapped Individual

Disabled Veteran

Vietnam Era Veteran

Signed \_\_\_\_\_