

Application For Employment



CITY OF HUGHSON
7018 Pine Street
PO Box 9
Hughson, CA 95326

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For		Date of Application
How did you Learn About Us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Relative <input type="checkbox"/> Inquiry <input type="checkbox"/> Employment Agency <input type="checkbox"/> Friend <input type="checkbox"/> Other		

Last Name		First Name		Middle Name	
Address		Number		Street	
		City		State	
				Zip	
				Social Security Number	
Telephone Number:		Email:			

Best time to contact you at home is.....:..... am/pm

Have you ever applied before with The City of Hughson?..... Yes _____ No _____
 If Yes, Give Date _____

Have you ever been employed by the City of Hughson?..... Yes _____ No _____
 If Yes, Give Date _____

Are any of your friends or relatives employed by the City of Hughson..... Yes _____ No _____

Are you currently employed? Yes _____ No _____

May we contact your present employer? Yes _____ No _____

Have you ever been dismissed or released, or have you ever resigned to avoid discharge? Yes _____ No _____

Date available for work ____/____/____

Are you available to work: Full Time (please indicate 1 2 3 shift)
 ____ Part Time (please indicate Morning Afternoon
 ____ Temporary (please indicate dates available ____/____/____ - ____/____/____)

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

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

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment verification form upon hire.

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EMPLOYMENT EXPERIENCE

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

Employer		Dates Employed		WORK PERFORMED
Address		From	To	
Telephone Numbers				
Job Title	Supervisor			
Reason For Leaving				

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

List professional, trade, business or civic activities and offices held.
 You may exclude membership which would reveal gender, race, religion, national origin, ge, ancestry, disability or other protected status:

ADDITIONAL INFORMATION

Other Qualifications

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

SPECIALIZED SKILLS (Check Skills/Equipment Operated)

____ Terminal ____ Spreadsheets ____ PC/MAC
____ Word Processing / ____ WPM ____ Typewriter/ ____ WPM ____ Shorthand/ ____ WPM

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

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given.

_____ Yes

Professional References

1. _____
(Name) (Address) (Phone #) (Email)

2. _____
(Name) (Address) (Phone #) (Email)

3. _____
(Name) (Address) (Phone #) (Email)

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. 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

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview _____ Yes _____ No

Remarks

Employed _____ Yes _____ Date of Employment _____

Job Title _____ Hourly Rate/Salary _____ Department _____

By _____
NAME AND TITLE DATE

FOR PERSONNEL DEPARTMENT USE ONLY

Position(s) Applied For Is Open: Yes No

Position(s) Considered For: _____

Date

NAME:

POSITION:

DATE: / /