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?
_____Advertisement _____Relative _____Inquiry _____Employment Agency _____Friend _____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 Sates and to complete the required employment verification form upon hire.

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

	Name and Address of School	Course of Study	Years Completed	Diploma/Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Describe any specialized training, apprenticeship, skills and extra-curricular activities

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Describe any job-related training received in the United States Military

_____
_____
_____
_____
_____

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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Job Title	Supervisor			
Reason For Leaving				

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

<u>Other Qualifications</u>
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 I 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

Position(s) Applied For Is Open: _____Yes _____No

Position(s) Considered For:_____

_____

_____
Date

NAME:

POSITION:

DATE: ___/___/