



Application for Employment

City of Hughson
 7018 Pine Street / P.O. Box 9
 Hughson, Ca. 95326
 209-883-4054
 www.hughson.org

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 or Type)

<i>Position Applied For:</i>	<i>Date of Application:</i>
------------------------------	-----------------------------

How did you hear about us?
 Advertisement Social Media Website Inquiry Friend Other

Last Name:	First Name:	Middle Name:
-------------------	--------------------	---------------------

Mailing Address:				
<i>Number</i>	<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip</i>

Telephone Number:	Email:
<i>Home:</i> <i>Cell:</i>	

Best time to contact you at home? am / pm

Have you ever applied 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 to work? ____ / ____ / ____

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

Can you travel if the 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

EDUCATION, SKILLS AND TRAINING

High School, College, Business or Trade School Attended	Course of Study/Major	Diploma/Degree

Describe any job-related specialized training and skills, apprenticeships, and extra-curricular activities:

Other specialized skills, certificates/licenses, and professional association memberships and trainings: (List specialized skills, certificates/licenses, and issue date.)

EMPLOYMENT EXPERIENCE

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

Employer:	Dates Employed:	
	From	To
Address:		
Telephone Number:		
Position Title:		
Supervisor:		
Reason for Leaving:		
Duties Performed:		

Employer:	Dates Employed:	
	From	To
Address:		
Telephone Number:		
Position Title:		
Supervisor:		
Reason for Leaving:		
Duties Performed:		

Employer:	Dates Employed:	
	From	To
Address:		
Telephone Number:		
Position Title:		
Supervisor:		
Reason for Leaving:		
Duties Performed:		

**Use additional sheets if necessary.*

ADDITIONAL INFORMATION

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

PROFESSIONAL REFERENCES

1.				
(Name)	(Address)	(Phone #)	(Email)	
2.				
(Name)	(Address)	(Phone #)	(Email)	
3.				
(Name)	(Address)	(Phone #)	(Email)	

APPLICANT'S STATEMENT

NOTICE TO APPLICANT:

Do not answer this question unless you have reviewed the specifications of the position for which you are applying.

Can you perform, with or without a reasonable accommodation, the tasks, and activities of the position for which you are applying? (Please initial one) _____ YES _____ NO

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.

*In the event of employment for a management or non-union represented position, I understand I may be released from employment at any time, without reason or notice – due to an “at will” status.

*In the event of employment for a non-management position, I understand that during a probationary period of twelve (12) months, I may be terminated with or without cause, and with or without notice.

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 by the employer.

Signature of Applicant

Date