

## **CITY OF MT. SHASTA**

305 N. Mt. Shasta Boulevard Mt. Shasta, California 96067 (530) 926-7510 FAX (530) 926-1342

# **EMPLOYMENT APPLICATION**

PERSONAL INFORMA	<u>TION</u>	DATE			
NAME					
Last		First			Middle
ADDRESS		······			
Street		City		State	Zip
HOME PHONE ()	CELL (	()	_ EMAIL _		
REFERRED BY					
Are you currently related to any	one working for the	City of Mt. Shasta?	Yes_	No	
If yes, please provide name, you	ır relationship, and tl	he City Department	where they wo	ork:	
Name of Relative	Relationship				City Department
EMPLOYMENT INFOR	RMATION				
POSITION APPLIED FOR					
DATE YOU CAN START		SALARY	DESIRED _		
ARE YOU CURRENTLY EMP	PLOYED? Yes	No			
EDUCATION AND TRA	<u>AINING</u>				
HIGH SCHOOL GRADUATES	? Yes No		Name of High	School	
		A	Address		
RECEIVED GED?	Yes No		Name of Instit	ution	
			Address		

## **EDUCATION AND TRAINING (Continued)**

Name/Location of Trade or Vocational Schools, Colleges, Universities, Apprentice or Training Programs Attended	List Degrees Or Certificates Earned	Graduated Yes No	Major
If this position requires a specific license or certificate, please of Certificate of Training or Professional Registration	omplete:  License O Registration		Date Issued/Expires
If this position requires typing skills, please indicate speed:  COMPUTER SKILLS: List programs in which you are profit		g certificate	may be required.)

# SUBJECTS OF SPECIAL STUDY, TRAINING, OR RESEARCH **ACTIVITIES** (Civic, Athletic, etc.): Exclude organizations, the name or character of which indicates the race, creed, sex, marital status, age, color, or national origin of its members. **FORMER EMPLOYERS** List all periods of employment and unemployment starting with present employment working backwards. Indicate any discharge or forced resignation. List periods of U.S. Military Service and previous service with the City of Mt. Shasta regardless of when they occurred. List different positions with the same employer separately. Give complete information. A RESUME DOES NOT SUBSTITUTE FOR THIS SECTION. If you need more space you can attach additional pages. Employer Name/Address **Duties of Position** Hours Worked Title From To Number of Per Week **Employees Supervised** Name/Title of Supervisor Reason for Leaving? □ Yes □ No Currently Employed? If yes, may we contact present employer? $\Box$ Yes $\Box$ No If yes, phone number:

### FORMER EMPLOYERS (CONTINUED)

			T		
Employer Name	e/Address		Duties of Position		
		T			1
From	То	Title		Hours Worked	Number of
				Per Week	Employees Supervised
Name/Title of S	Supervisor				
Reason for Leave	ving?				
Employer Name	e/Address		Duties of Position		
Employer rum	C/Tiddless		Duties of Fosition		
From	То	Title		Hours Worked	Number of
FIOIII	10	Title		Per Week	Employees Supervised
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Nama/Title of S	Supervisor	<u> </u>		ı	1
Name/Title of S	ouper visor				
Reason for Leav	ving?				
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#### FORMER EMPLOYERS (CONTINUED)

Employer Name/Address	Г	Outies of Position			
From To	Title		Hours Worke	d	Number of
			Per Week	Per Week Employees Superv	
Name/Title of Supervisor					
Reason for Leaving?					
REFERENCES					
Give the names and contact in	nformation of three	persons not related t	o you, whom you hav	e known at l	east one year.
Give the names and contact in	nformation of three	persons not related t	o you, whom you hav	e known at l	east one year.
Give the names and contact in Name		persons not related t	o you, whom you hav  Relationship		east one year.  Phone Number
				Number	-
				Number	-
				Number	-
				Number	-
				Number	-
	Ad		Relationship	Number	-
Name	Ad	nditions of Empl	Relationship	Number of Years	Phone Number
	Ad  Con  ay be required to pass	aditions of Empl s a physical examination	Relationship  loyment  n and will be required to	Number of Years	Phone Number
Name  Before date of hire, applicant may or legal right to remain and work	Con ay be required to pass k in the U.S., submit	aditions of Emples a physical examination proof of age, and be fin	Relationship  loyment  n and will be required to gerprinted.	Number of Years	Phone Number  f of U.S. Citizenship
Name  Before date of hire, applicant mayor legal right to remain and world Please insert any additional info Before you submit your applicate.	Con ay be required to pass in the U.S., submit rmation in your application to the Human Re	aditions of Emples a physical examination proof of age, and be find acation which you feel wasources Department, re	Relationship  Relationship  Loyment  In and will be required to gerprinted.  Will help us in our evaluation to the content of	Number of Years  submit proof	Phone Number  f of U.S. Citizenship qualifications.
Name  Before date of hire, applicant may or legal right to remain and world please insert any additional info	Con ay be required to pass in the U.S., submit rmation in your application to the Human Re	aditions of Emples a physical examination proof of age, and be find acation which you feel wasources Department, re	Relationship  Relationship  Loyment  In and will be required to gerprinted.  Will help us in our evaluation to the content of	Number of Years  submit proof	Phone Number  f of U.S. Citizenship qualifications.
Name  Before date of hire, applicant ma or legal right to remain and world please insert any additional info Before you submit your applicat complete. Thank you for your in By signing, I authorize investigations.	Con ay be required to pass k in the U.S., submit rmation in your application to the Human Renterest in employmentation of all statements	aditions of Employers a physical examination proof of age, and be fine examination which you feel wasources Department, reat with the City of Mt. S	Relationship  Relationship  Oyment  In and will be required to gerprinted.  Will help us in our evaluation to the check your application to the chasta.	Number of Years  o submit proof	Phone Number  f of U.S. Citizenship  qualifications. that it is correct and
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This application expires one year from the date it was signed by the applicant. G:\ Human Resources/Employment Application Master