



2174 BLOSSOM STREET
DOS PALOS, CA 93620
(209)392-2174

AN AFFIRMATIVE ACTION EQUAL OPPORTUNITY EMPLOYER

LAST NAME:		FIRST NAME:		MI:
POSITION APPLYING FOR:				
ADDRESS:				
CITY:		STATE:	ZIP:	
HOME PHONE:		WORK PHONE:	CELL PHONE:	
EMAIL ADDRESS:				
SOCIAL SECURITY NO:		DRIVERS'S LICENSE NO:	EXPIRES:	

EMPLOYMENT HISTORY

EMPLOYER:		PHONE NO:
ADDRESS:		
JOB TITLE:		
DUTIES:		
FROM: (MONTH/DATE/YEAR)	TO: (MONTH/DATE/YEAR)	REASON FOR LEAVING:

EMPLOYER:		PHONE NO:
ADDRESS:		
JOB TITLE:		
DUTIES:		
FROM: (MONTH/DATE/YEAR)	TO: (MONTH/DATE/YEAR)	REASON FOR LEAVING:

EMPLOYER:		PHONE NO:
ADDRESS:		
JOB TITLE:		
DUTIES:		
FROM: (MONTH/DATE/YEAR)	TO: (MONTH/DATE/YEAR)	REASON FOR LEAVING:

DID YOU GRADUATE FROM HIGH SCHOOL, PASS THE STATE HIGH SCHOOL EQUIVALENCY EXAM, OR DO YOU POSSES A G.E.D. HIGH SCHOOL LEVEL CERTIFICATE?

NAME OF HIGH SCHOOL: _____ YEAR COMPLETED: _____

LOCATION OF HIGH SCHOOL: _____

COLLEGES AND SCHOOLS ATTENDED/COMPLETED AFTER HIGH SCHOOL

NAME OF SCHOOL	MAJOR	DID YOU GRADUATE	TOTAL UNITS	DEGREE RCVD

IF YOU POSSESS ANY LICENSE OR CERTIFICATE, GIVE THE FOLLOWING INFORMATION:

CERTIFICATE: _____

TITLE: _____ LICENSE NO: _____

ISSUING STATE: _____ DATE ISSUED: _____ DATE EXPIRES: _____

FOREIGN LANGUAGE

READ: _____ SPEAK: _____ WRITE: _____

DO YOU HAVE ANY HEALTH, MEDICAL, OR PHYSICAL PROBLEMS THAT WOULD INTERFERE WITH YOUR ABILITY TO PERFORM THE FULL RANGE OF DUTIES OF THE POSITION WHIH YOU ARE APPLYING?
IF YES, GIVE DETAILS. PASSING CITY ADMINISTERED MEDICAL EXAM MAY BE REQUIRED FOR APPOINTMENT

YES ___ NO ___

HAVE YOU EVER HAD A JOB CONNECTED ILLNESS OR INJURY?

YES ___ NO ___

HAVE YOU BEEN CONVICTED BY ANY COURT IN THE LAST 7 YEARS?

YES ___ NO ___

IF YES, GIVE DETAILS. CONVICTION IS NOT NECESSARLY DISQUALIFYING, EACH CASE WILL BE EVALUATED.

HAVE YOU EVER BEEN DISCHARGED FROM ANY EMPLOYMENT OR EVER FORCED TO RESIGN?

YES ___ NO ___

IF YES, GIVE DETAILS:

HAVE YOU EVER BEEN EMPLOYED BY THE CITY OF DOS PALOS?

YES ___ NO ___

IF YES, GIVE DETAILS:

HAVE YOU EVER TAKEN AN EXAM GIVEN BY THE CITY OF DOS PALOS?
IF YES, GIVE DETAILS:

YES ___ NO ___

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ARE YOU RELATED BY BLOOD OR MARRIAGE TO ANY PERSON PRESENTLY EMPLOYED BY THE CITY OF DOS PALOS?
IF YES, GIVE NAME, RELATIONSHIP, AND DEPARTMENT IN WHICH EMPLOYED.

YES ___ NO ___

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ADDITIONAL REMARKS:

A COMPLETE APPLICATION IS REQUIRED. RESUMES ARE CONSIDERED AS ADDITIONAL INFORMATION.

CERTIFICATE OF APPLICANT (READ THIS STATEMENT CAREFULLY BEFORE SIGNING): I HEREBY CERTIFY THAT ALL STATEMENTS MADE ON OR IN CONNECTION WITH THIS APPLICATION, INCLUDING THOSE REGARDING ANY TRAINING AND EXPERIENCE ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND I UNDERSTAND AND AGREE THAT ANY MISSTATEMENTS OR OMISSIONS OF MATERIAL FACT HEREIN WILL CAUSE A FOREFEITURE ON MY PART OF ALL RIGHTS TO EMPLOYMENT BY THE CITY OF DOS PALOS. I AUTHORIZE THE CITY OF DOS PALOS TO CONDUCT A BACKGROUND INVESTIGATION.

SIGNATURE:

DATE:

DEPARTMENT USE:

RECEIVED BY:	DATE:
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