

APPLICATION FOR EMPLOYMENT
 CITY OF YREKA 701 FOURTH STREET, YREKA, CA. 96097
 (530) 841-2386 fax (530) 842-4836

Position: _____ Application Deadline 5 p.m. _____

Last Name	First Name	Middle Name
Address:	City	State
		Zip Code
Telephone No.	Social Security No. _____	
	Driver's License No. _____	

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No
 Have you ever been employed with us before? If yes give date _____ Yes No
 Are you currently employed? Yes No
 May we contact your current employer? Yes No
 On what date would you be available for work? _____
 Are you currently on "lay-off" status and subject to recall? Yes No
 Have you been convicted of a felony within the last 7 years? Yes No
 If yes, please explain _____
 (Conviction will not necessarily disqualify an applicant from employment)

EDUCATION:

	Name	Course of Study	Years Completed	Diploma Degree
High School	_____	_____	_____	<input type="checkbox"/> Yes
Undergraduate College	_____	_____	_____	<input type="checkbox"/> Yes
Graduate Professional	_____	_____	_____	<input type="checkbox"/> Yes
Other (Specify)	_____			

Additional Information: State any information you feel may be helpful to us in considering your application. Summarize special job-related skills and qualifications from employment or other experience.

Note to applicant: Do not answer this question unless you have read and understand the job description for the requirements of the job for which you are applying.

Are you capable of performing in a reasonable manner the activities involved in the job for which you have applied? Yes No

The City of Yreka is an equal opportunity employer. We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status. Proof of citizenship or immigration status will be required upon employment.

EMPLOYMENT EXPERIENCE. Start with your present or last job. Please see attached resume'

Employer: _____ from _____ to _____ Supervisor: _____
Address: _____ Phone No. _____
Job Title _____ Salary \$ _____ Reason for leaving: _____
Work performed: _____

Employer: _____ from _____ to _____ Supervisor: _____
Address: _____ Phone No. _____
Job Title _____ Salary \$ _____ Reason for leaving: _____
Work performed: _____

Employer: _____ from _____ to _____ Supervisor: _____
Address: _____ Phone No. _____
Job Title _____ Salary \$ _____ Reason for leaving: _____
Work performed: _____

REFERENCES: Please see attached resume'

Name: _____ Phone No. _____
Address: _____

Name: _____ Phone No. _____
Address: _____

Name: _____ Phone No. _____
Address: _____

APPLICANT'S STATEMENT:

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision, specifically, to authorize the City of Yreka to contact my references, present and previous employers, and to contact any other person(s) which the City may deem appropriate to determine my suitability for employment. I authorize investigation by the CITY of all statements contained in this application for employment. I further understand that the CITY may obtain Public Records about me as part of a background investigation and that I may waive my right to receive a copy of such records by checking this box . I further understand that the CITY may contact my previous employers. I authorize those employers to disclose to the CITY all records and information pertinent to my employment with them. In addition to authorizing the release of any information regarding my employment, I hereby waive any rights or claims I have or may have against my former employers, their agents, employees and representatives, as well as other individuals who release information to the CITY, and release them from any and all liability, claims, or damages that may directly or indirectly result from the use, disclosure, or release of any such information by any person or party, whether such information is favorable or unfavorable to me. I authorize the persons named herein as

personal references to provide the CITY with any pertinent information they may have regarding me. I understand that prior to appointment to the position, I will be required to obtain and provide to the City a copy of my driving record from the Department of Motor Vehicles. I understand that 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. 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 City of Yreka.

Signature of Applicant

Date