

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

Position: _____ Closing deadline: _____

Last Name	First Name	Middle Name	
Address		City	State Zip Code
Telephone No. _____		Social Security No. _____	
Driver's License No. _____		Must provide copy of DMV Record with application	

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

EDUCATION:

High School Diploma Yes No or GED equivalent Yes

Name of College or Trade School _____ Course of Study _____
 Years Completed _____ Degree Yes _____

Please see attached resume

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. Please see attached resume

Note to applicant: *Do not answer this question unless you 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, religious creed, color, national origin, ancestry, physical disability, mental disability, medical condition, genetic information, marital status, sex, gender, gender identity, gender expression, age, sexual orientation, military or veteran status, or any other protected status under the law. 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 correct. 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. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Signature of Applicant

Date

How did you hear about this opening? _____