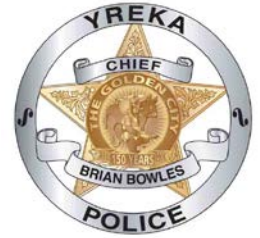




City of Yreka Police Department

Application for Employment



412 W. Miner St.
 Yreka, CA 96097
 (530) 841-2300
 (530) 841-2310 – fax

Last Name	First Name	MI	Date
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Street Address Mailing Address	City	State	Zip Code
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Home Phone: (____) _____ - _____ Work Phone: (____) _____ - _____ Other: (____) _____ - _____	Social Security Number (Optional)
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Position(s) Applying For:	Date Available To Work:	Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Have you ever filed an application with the City of Yreka before? (If yes give date _____) Yes No

Have you ever been employed with the City of Yreka before? Yes No

Are you currently employed? Yes No May we contact your present employer? Yes No

Are you a United States Citizen? Yes No Can you travel if the job requires it? Yes No

Are you available to work: Full-Time Part-Time Temporary

Type of School	Name and Location	From	To	Course of Study	Degree, Certificate or Credits Earned	GPA
High School						
Undergraduate College						
Graduate School						
Other						

Please describe any specialized training, apprenticeship, skills, extra-curricular activities, military experience, and any qualifications that may help us in considering your application. (Feel free to use a separate sheet of paper if needed.)

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.

Employment Experience

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

Employer		Dates Employed		Work Performed
		From	To	
Address				_____
Telephone Number				_____
Job Title	Supervisor		Reason for Leaving	
Employer		Dates Employed		Work Performed
		From	To	
Address				_____
Telephone Number				_____
Job Title	Supervisor		Reason for Leaving	
Employer		Dates Employed		Work Performed
		From	To	
Address				_____
Telephone Number				_____
Job Title	Supervisor		Reason for Leaving	

If you need additional space, please continue on a separate sheet of paper.

References

Name	Address	Phone Number
Name	Address	Phone Number
Name	Address	Phone Number

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. This application for employment shall be considered active for a period of time not to exceed 1 year. 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 employer.

Signature of Applicant

Date