CITY OF BIGGS – APPLICATION FOR EMPLOYMENT

AN AFFIRMATIVE ACTION/EQUAL OPPORTUNITY EMPLOYER

INSTRUCTIONS: Submit this Application to CITY OF BIGGS P.O. Box 307, Biggs CA 95917-0307

SECTION I - INSTRUCTIONS	SECTION II – POSITION APPLIED FOR
1. Type or print clearly, 2. Answer each question truthfully and completely. False statements may be cause for rejection of your application or dismissal from employment. 3. Sign and date the Application as provided for on the reverse side. Unsigned applications will be rejected. 4. If you have applied for a permanent position, you will be notified if you qualify. Temporary position applicants will only be notified if selected for employment. PLEASE DO NOT CALL REGARDING YOUR STATUS!	

SECTION III – PERSONAL HISTORY

1. Name (Last, First, Middle Initial)	2. Social Security # (Optional)	3. Res. Phone #
4. Current Street Address (Street, City, State, Zip Code)		5. Bus. Phone #
6. Current Mailing Address (If different from above)		

SECTION IV. – GENERAL INFORMATION

QUESTION	YES	NO
1. Do you hold a valid Driver's License? ( ) California ( ) Other Number _____ Class _____	☐	☐
2. Have you ever been discharged or requested to resign from any employment due to misconduct or unsatisfactory service? **If "Yes", explain in Section VIII.**	☐	☐
3. Have you ever been convicted, imprisoned, placed on probation or required to pay a fine in excess of $50, either by civil or military authorities, under your present name or another name. **If "Yes", explain in Section VIII.**	☐	☐
4. Do you hold any professional or vocational licenses or certificates? If yes, list in Section VI.	☐	☐
5. May the city contact your present employer for reference purposes? (No explanation necessary. Do not answer if not currently employed.)	☐	☐
6. After employment, can you submit a birth certificate or other proof of age and citizenship?	☐	☐

SECTION V. – EDUCATION

A. Elementary/Secondary

1. Circle Highest Grade Completed:	2. High School (Name, City State)	3. Graduate? ( ) Yes ( ) No

4. If you have a high school equivalent diploma (G.E.D.), state name of issuing agency below.

B. Post-Secondary

Name/Location of Educational Institutions	Major	Graduate? Yes	Graduate? No	Degree Attained
		☐	☐	
		☐	☐	

		❑	❑	

SECTION VI. LICENSES AND CERTIFICATES (List any professional or vocational licenses or certificates below.)

1.

2.

3.

SECTION VII. – EMPLOYMENT HISTORY

NOTE: List all jobs held in last 5 years and all prior positions which are qualifying for current vacancy, including Military Service, BEGINNING WITH PRESENT EMPLOYMENT STATUS. Account for unemployment, noting reason. Attach additional sheets as necessary.

	Dates of Employment		Name and Location of Firm	Position Held	Highest Salary	Reason for Leaving
PRESENT	From	To				
	Typical Duties (Describe):					
PRIOR 1	Dates of Employment		Name and Location of Firm	Position Held	Highest Salary	Reason for Leaving
	From	To				
	Typical Duties (Describe):					
PRIOR 2	Dates of Employment		Name and Location of Firm	Position Held	Highest Salary	Reason for Leaving
	From	To				
	Typical Duties (Describe):					
PRIOR 3	Dates of Employment		Name and Location of Firm	Position Held	Highest Salary	Reason for Leaving
	From	To				
	Typical Duties (Describe):					

PRIOR 4	Dates of Employment		Name and Location of Firm	Position Held	Highest Salary	Reason for Leaving
	From	To				
	Typical Duties (Describe):					

SECTION VIII. – EXPLANATIONS

NOTE: Use this space for any explanations or added information you feel qualifies you for this position. Attach additional sheets, if necessary.

Sec No	Ques No	Explanation or Information (Brief and Complete)

SECTION IX – SIGNATURE AND CERTIFICATION

I have read and understand the directions and questions contained in this application. To the best of my knowledge and belief, I have replied truthfully to all requests for information contained herein. I understand and acknowledge that any material misrepresentations or falsifications which I have made may constitute immediate and sufficient grounds for my disqualification.

DATE: _____ SIGNATURE: _____

Print Form