

Application For Employment
An Equal Opportunity Employer



City of Escalon, California
Human Resources Department
Escalon, California 95320
Phone (209) 838-0000
Fax (209) 838-0000

Application must be typed or printed in ink. All sections need to be completed and application signed.
Continuous Filing applications will only be kept on file for 6 months. After such time a new application will be required.

Position(s) Applied For _____	Date of Application _____
How did you Learn About Us? _____ Friend _____ Employment Agency _____ Advertisement _____ Relative _____ Inquiry _____ Other _____	
<p>First Name _____ Last Name _____ Middle Name _____</p> <p>Address _____ City _____ State _____ Zip _____</p> <p>Home Phone _____ Cell Phone _____</p> <p>Email address : _____</p> <p>Notifications will be sent via email. If regular US mail is required please check box <input type="checkbox"/></p> <p> <input type="checkbox"/> I am currently employed by _____ <input type="checkbox"/> I am currently unemployed </p> <p> <input type="checkbox"/> I am currently employed by _____ <input type="checkbox"/> I am currently unemployed </p> <p> <input type="checkbox"/> I am currently employed by _____ <input type="checkbox"/> I am currently unemployed </p> <p> <input type="checkbox"/> I am currently employed by _____ <input type="checkbox"/> I am currently unemployed </p>	
<input type="checkbox"/> Do you have any other information you would like to provide? _____	
Signature _____ Date _____	
Mailing Address _____	

EMPLOYMENT EXPERIENCE

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

Employer		Dates Employed		WORK PERFORMED
Address		From	To	
Telephone Numbers				
Job Title	Supervisor			
Reason For Leaving				

Employer		Dates Employed		WORK PERFORMED
Address		From	To	
Telephone Numbers				
Job Title	Supervisor			
Reason For Leaving				

Employer		Dates Employed		WORK PERFORMED
Address		From	To	
Telephone Numbers				
Job Title	Supervisor			
Reason For Leaving				

Employer		Dates Employed		WORK PERFORMED
Address		From	To	
Telephone Numbers				
Job Title	Supervisor			
Reason For Leaving				

Please give us enough information to allow for review and evaluation of your work experience and abilities. If you need additional space, please continue on a seperate sheet of paper.

This section must be fully completed. A resume must be attached, but will not be accepted in lieu of this section.

M _____ r _____ d _____ s _____ above _____
_____ d _____

List professional, trade, business or civic activities and offices held.
You may exclude membership which would reveal gender, race, religion, national origin, ge, ancestry, disability or other protected status:

ADDITIONAL INFORMATION

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

State any additional information you feel may be helpful to us in considering your application.

References

1. _____
(Name) (Phone#)

(Address)

2. _____
(Name) (Phone#)

(Address)

3. _____
(Name) (Phone#)

(Address)

APPLICANT'S STATEMENT

The information in this application is correct to the best of my knowledge. I understand and agree that any intentional misstatement or omission of material fact may be cause for disqualification or termination of employment. I understand that the City of Escalon will perform a background investigation based on the information given in my application, including but not limited to criminal and driving record searches, employment and education verification, and relevant citizenship or immigration status; and that such investigations may result in disqualification from employment with the City. Except as otherwise noted, previous employers are authorized to give any and all information concerning my previous employment. I understand that if offered a position with the City of Escalon I may be required to submit to medical and/or psychological examinations, and that any offer of employment is conditioned on the results of such examinations.

Signature of Applicant

Date

Applications must be signed to be considered complete.

