

CITY OF ESCALON
 HUMAN RESOURCES DEPARTMENT
 2060 McHENRY AVENUE
 ESCALON, CA 95320
 (209) 691-7421



DEPARTMENT USE ONLY:

CITY OF ESCALON EMPLOYMENT APPLICATION

An Equal Opportunity Employer

Applications must be typed or printed in ink. Complete all sections.

Continuous Filing applications will only be kept on file for 6 months. After such time a new application will be required.

1. Job Title: _____

2. Your Name: _____
Last First Middle

3. Address: _____
Number and Street Apt. # City State Zip

4. Telephone Number: Home (____)____-____ Cell (____)____-____ email: _____

5. Social Security Number: _____ - _____ - _____
(In accordance with the Federal Privacy Act of 1974, disclosure of your Social Security Number is voluntary. Your Social Security number will be used for identification purposes to ensure that proper records are maintained.)

6. Are you eligible to be lawfully employed in the United States? Yes No

7. Have you ever worked for the City of Escalon? Yes No
 If yes, prior employment dates: _____

8. Do you have a valid California driver's license? Yes No
 Class: _____ Number: _____ Exp. Date: _____

9. Have you ever been convicted of a felony? Yes No
 If yes, please give circumstances: _____

10. Professional license, certificate, credential, or other qualifying training: _____

11. EDUCATION: Circle highest grade or year completed: 8 9 10 11 12 13 14 15 16 17 18 18+

Name/address of colleges, trade or technical school attended	Major	Semester Units Completed	Degree or Certificate

PLEASE TURN PAGE OVER TO CONTINUE COMPLETING APPLICATION

12. Please give us enough information to allow for review and evaluation of your work experience and abilities. List the positions you have held, starting with your most recent job. Include relevant volunteer experience. If you were employed under another name, provide the name by which you were known to your employer. If additional space is needed, attach additional pages (include your full name and position for which you are applying on each page). **This section must be fully completed. A resume must be attached, but will not be accepted in lieu of this section.**

From (mo/yr)	To (mo/yr)	Position Title:
Employer name/address:		Duties:
Supervisor:		Phone:
Reason for leaving:		Monthly salary: Start Final

From (mo/yr)	To (mo/yr)	Position Title:
Employer name/address:		Duties:
Supervisor:		Phone:
Reason for leaving:		Monthly salary: Start Final

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Employer name/address:		Duties:
Supervisor:		Phone:
Reason for leaving:		Monthly salary: Start Final

From (mo/yr)	To (mo/yr)	Position Title:
Employer name/address:		Duties:
Supervisor:		Phone:
Reason for leaving:		Monthly salary: Start Final

13. May we contact all employers listed in Section 12? Yes No
 If no, indicate exceptions: _____

14. *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.*

 Applicant Signature

 Date