



CITY OF GREENFIELD
 45 El Camino Real, P.O. Box 127
 Greenfield, CA 93927
 (831) 674-5591

APPLICATION FOR EMPLOYMENT

Please type or print in ink. Incomplete or illegible applications will not be accepted. Return completed applications to the above address.

TITLE OF POSITION		SOCIAL SECURITY NUMBER	ARE YOU UNDER 18? <input type="checkbox"/> YES <input type="checkbox"/> NO
APPLICANT'S NAME (LAST)		(FIRST)	(MIDDLE)
ADDRESS (STREET & MAILING)		(CITY)	(STATE) (ZIP)
HOME TELEPHONE ()	BUSINESS TELEPHONE ()	DO YOU PRESENTLY POSSESS A VALID CALIFORNIA DRIVER'S LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
CELLULAR PHONE ()		LICENSE #: CLASS: EXPIRATION: / /	
		Applicant must provide a current DMV printout issued within 30 days of application date. Application is considered incomplete without printout and will not be considered.	
E-MAIL ADDRESS:		HAVE YOU EVER WORKED FOR THE CITY OF GREENFIELD? <input type="checkbox"/> YES <input type="checkbox"/> NO	
PROVIDE OTHER NAMES UNDER WHICH YOU HAVE WORKED:		FROM: TO:	
I AM AVAILABLE FOR EMPLOYMENT ON A TEMPORARY BASIS <input type="checkbox"/> PART TIME BASIS <input type="checkbox"/> F/T BASIS <input type="checkbox"/>		AVAILABLE FOR SHIFT DAY <input type="checkbox"/> SWING <input type="checkbox"/> NIGHT <input type="checkbox"/>	
Have you ever been convicted of any crime OTHER THAN: 1) a marijuana-related conviction that occurred more than two (2) years ago; and/or 2) an offense for which you were referred to, and participated in, any pre-trial diversion program? <input type="checkbox"/> YES <input type="checkbox"/> NO If "yes", you must list all convictions on an attached sheet. Include the nature of the offense, date of conviction, the county and state of the conviction. A "yes" answer will not automatically disqualify you from appointment; however, failure to disclose the misdemeanor or felony convictions will result in termination or denial of employment. You must disclose felony (but not misdemeanor) convictions that have been judicially dismissed pursuant to Penal Code section 1203.4.			
THE CITY IS COMMITTED TO EMPLOY ONLY U.S. CITIZENS AND LEGAL ALIENS AUTHORIZED TO WORK IN THE U.S. IF EMPLOYED, YOU WILL BE REQUIRED TO SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE U.S. AS REFERENCED BY THE IMMIGRATION REFORM ACT OF 1986. IF EMPLOYED, CAN YOU SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO		DO YOU HAVE ANY RELATIVE(S) CURRENTLY EMPLOYED BY THE CITY OF GREENFIELD? <input type="checkbox"/> YES <input type="checkbox"/> NO NAME _____ RELATIONSHIP _____	
THE CITY OF GREENFIELD COMPLIES WITH THE AMERICANS WITH DISABILITIES ACT. ARE THERE ANY REASONS YOU MAY HAVE DIFFICULTY PERFORMING ANY OF THE MAJOR DUTIES OF THE JOB FOR WHICH YOU HAVE APPLIED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF SO, PLEASE EXPLAIN:			
IF APPLICABLE TO THE POSITION WHICH YOU ARE SEEKING, INDICATE OTHER SKILLS SUCH AS TYPING SPEED, BUSINESS MACHINES, COMPUTER HARDWARE OR SOFTWARE THAT YOU OPERATE, ETC.			
BILINGUAL LANGUAGE SKILLS: LANGUAGE: <input type="checkbox"/> SPEAK <input type="checkbox"/> WRITE <input type="checkbox"/> TRANSLATE			

EDUCATIONAL INSTITUTIONS	LOCATION	DATES ATTENDED		MAJOR SUBJECT	UNITS	DEGREE OR CERTIFICATE
		FROM	TO			
HIGH SCHOOL						
COLLEGE/UNIVERSITY						

LICENSES, CERTIFICATIONS OR PROFESSIONAL REGISTRATIONS (You may omit associations which indicate race, religious creed, color, national origin, ancestry, sex or age)

TYPE	NO.	EXPIRATION DATE
TYPE	NO.	EXPIRATION DATE

PROFESSIONAL ORGANIZATIONS, SOCIETIES, MEMBERSHIPS

EXPERIENCE
 List your work experience for the last 10 years, beginning with your current or most recent experience. Include Military or volunteer services if it is related to this position. List each promotion separately. Experience beyond 10 years ago should be included if it is directly related to the position for which you are applying. You may use additional sheets to complete your work history. A resume may be attached but it is NOT a substitute for completing this section. THIS SECTION MUST BE COMPLETED. Failure to follow these instructions may eliminate you for consideration for the position.

NAME OF EMPLOYER	TYPE OF BUSINESS	NO. OF EMPLOYEES
ADDRESS	NO. OF PERSONS YOU SUPERVISED	NAME AND TITLE OF SUPERVISOR
TELEPHONE NUMBER	MAY WE CONTACT NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO	REASON FOR LEAVING
DATES EMPLOYED	BRIEF DESCRIPTION OF DUTIES	
JOB TITLE		
SALARY/HOURS PER WEEK		

NAME OF EMPLOYER	TYPE OF BUSINESS	NO. OF EMPLOYEES
ADDRESS	NO. OF PERSONS YOU SUPERVISED	NAME AND TITLE OF SUPERVISOR
TELEPHONE NUMBER	MAY WE CONTACT NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO	REASON FOR LEAVING
DATES EMPLOYED	BRIEF DESCRIPTION OF DUTIES	
JOB TITLE		
SALARY/HOURS PER WEEK		

NAME OF EMPLOYER	TYPE OF BUSINESS	NO. OF EMPLOYEES
ADDRESS	NO. OF PERSONS YOU SUPERVISED	NAME AND TITLE OF SUPERVISOR
TELEPHONE NUMBER	MAY WE CONTACT NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO	REASON FOR LEAVING
DATES EMPLOYED	BRIEF DESCRIPTION OF DUTIES	
JOB TITLE		
SALARY/HOURS PER WEEK		

NAME OF EMPLOYER	TYPE OF BUSINESS	NO. OF EMPLOYEES
ADDRESS	NO. OF PERSONS YOU SUPERVISED	NAME AND TITLE OF SUPERVISOR
TELEPHONE NUMBER	MAY WE CONTACT NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO	REASON FOR LEAVING
DATES EMPLOYED	BRIEF DESCRIPTION OF DUTIES	
JOB TITLE		
SALARY/HOURS PER WEEK		
NAME OF EMPLOYER	TYPE OF BUSINESS	NO. OF EMPLOYEES
ADDRESS	NO. OF PERSONS YOU SUPERVISED	NAME AND TITLE OF SUPERVISOR
TELEPHONE NUMBER	MAY WE CONTACT NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO	REASON FOR LEAVING
DATES EMPLOYED	BRIEF DESCRIPTION OF DUTIES	
JOB TITLE		
SALARY/HOURS PER WEEK		
NAME OF EMPLOYER	TYPE OF BUSINESS	NO. OF EMPLOYEES
ADDRESS	NO. OF PERSONS YOU SUPERVISED	NAME AND TITLE OF SUPERVISOR
TELEPHONE NUMBER	MAY WE CONTACT NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO	REASON FOR LEAVING
DATES EMPLOYED	BRIEF DESCRIPTION OF DUTIES	
JOB TITLE		
SALARY/HOURS PER WEEK		
NAME OF EMPLOYER	TYPE OF BUSINESS	NO. OF EMPLOYEES
ADDRESS	NO. OF PERSONS YOU SUPERVISED	NAME AND TITLE OF SUPERVISOR
TELEPHONE NUMBER	MAY WE CONTACT NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO	REASON FOR LEAVING
DATES EMPLOYED	BRIEF DESCRIPTION OF DUTIES	
JOB TITLE		
SALARY/HOURS PER WEEK		
NAME OF EMPLOYER	TYPE OF BUSINESS	NO. OF EMPLOYEES
ADDRESS	NO. OF PERSONS YOU SUPERVISED	NAME AND TITLE OF SUPERVISOR
TELEPHONE NUMBER	MAY WE CONTACT NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO	REASON FOR LEAVING
DATES EMPLOYED	BRIEF DESCRIPTION OF DUTIES	
JOB TITLE		
SALARY/HOURS PER WEEK		
ADDITIONAL WORK HISTORY SPACE ON THE BACK OF THIS SHEET		

1. I HEREBY CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND COMPLETE, AND ANY MISSTATEMENTS, OMISSIONS, OR FALSIFICATIONS OF MATERIAL FACTS WILL BE CONSIDERED CAUSE FOR IMMEDIATE TERMINATION OF MY EMPLOYMENT WITH THE CITY OF GREENFIELD.
2. I UNDERSTAND THAT EMPLOYMENT IS CONTINGENT UPON SUCCESSFUL COMPLETION OF A JOB RELATED PHYSICAL EXAMINATION, BACKGROUND CHECK AND I AGREE TO BE FINGERPRINTED.
3. I AUTHORIZE THE RELEASE OF ANY INFORMATION NECESSARY TO VERIFY THE STATEMENTS MADE IN THIS APPLICATION TO THE CITY OF GREENFIELD OR ITS DULY AUTHORIZED AGENTS.
4. I UNDERSTAND THAT EMPLOYMENT IS CONTINGENT UPON MY PROVIDING VERIFICATION OF MY IDENTITY AND LEGAL RIGHT TO WORK IN THE U.S.

DATE _____ SIGNATURE OF APPLICANT _____

AN EQUAL OPPORTUNITY EMPLOYER

POSITION FOR WHICH YOU APPLIED:

In accordance with Section 1233 of the State Government Code and Section 1420 of the State Labor Code, the information requested below will be used for statistical and reporting purposes only. It will enable the City of Greenfield to more effectively evaluate the recruitment process in compliance with Equal Opportunity Employment laws and to determine if there is any adverse impact in the selection process on groups protected under federal and state equal opportunity laws. This information is requested on a voluntary basis and will not be made a part of the selection process. If you have any questions regarding this request, please contact the City of Greenfield. Thank you for your assistance.

- MALE
 - FEMALE
- AGE: 17 & Under 22 to 39
- 18 to 21 40 to 65

RACE/ETHNIC CATEGORY:

- WHITE** (Not of Hispanic Origin): All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- BLACK** (Not of Hispanic Origin): All persons having origins in the Black racial groups of Africa.
- HISPANIC**: All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- AMERICAN INDIAN OR ALASKAN NATIVE**: All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
- ASIAN OR PACIFIC ISLANDER**: All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands, and Samoa
- OTHER**

ABLE-DISABLED CATEGORY:

If you have a disability that would interfere with you performing the job for which you are applying, please indicate. All information is voluntary, and will be kept confidential.

- HEARING IMPAIRMENT
- VISUAL IMPAIRMENT
- ORTHOPEDIC DISABILITY
- MENTAL/EMOTIONAL DISORDER
- MEDICAL CONDITION
- OTHER

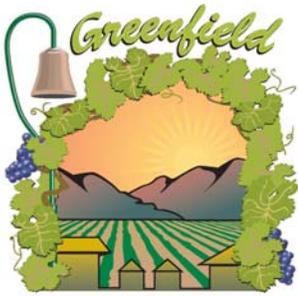
JOB SOURCE INFORMATION:

Please indicate where you learned about this job vacancy:

- Interest Card Received
- Newspaper (please specify) _____
- Job Flyer Posted at Another Agency
- State Employment Office
- Professional Journal or Publication (please specify) _____
- College Placement Service (please specify) _____
- Jobs Available
- Friend or Relative
- Other (please specify) _____

Please contact the City Manager's Department if you require special accommodations during the examination process.

City of Greenfield
45 El Camino Real, P.O. Box 127
Greenfield, CA 93927
(831) 674-5591



**AUTHORIZATION & WAIVER: PAST EMPLOYER/REFERENCE
RECORDS OR BACKGROUND CHECK**

TO THE APPLICANT – Read the following and sign below:

I hereby authorize any former employer, its employees and/or representatives, or any person listed as a reference on my employment application or supplemental material, to provide all information regarding my employment and job reference to the City of Greenfield and any of its employees or representatives. The information may be provided either verbally or in writing.

In addition to authorizing the release of the information described above, I hereby waive any rights or claims I may have against any former employer, its employees and representatives, or former educational institution, for liability or damages that may directly or indirectly result from the use, disclosure, or release of such information by such former employer, its employees and representatives, or former educational institution, whether or not such information is favorable to or unfavorable to me. With regard to the foregoing disclosures, I hereby agree to release any person, company or other entity from any and all causes of action that otherwise might arise from supplying the City of Greenfield with information it may request pursuant to this release. I also agree that a photographic copy of this waiver is as valid as the original.

Signature of the Applicant

Date

Print Name of Applicant



DRUG SCREENING AUTHORIZATION AND RELEASE

TO THE APPLICANT – Read the following and sign below.

I understand that in order for me to be considered for employment by the City of Greenfield I must submit to a pre-employment Drug Screening that consists of a urine test to determine the presence of illegal drugs. I will be asked to submit to this test after a contingent offer of employment has been extended to me. I understand that if the results of these tests are positive, the City of Greenfield will withdraw the contingent offer of employment and I will not be considered further for employment.

I hereby agree to submit a urine sample as part of my pre-employment drug test and I consent to the submission of the sample to a certified medical laboratory where it will be tested for the presence of illegal drugs. I authorize any physician, hospital, laboratory, or medical center to release the test results to the City of Greenfield, and release the City and any employee from all liabilities arising from the release of such information to it.

Signature of Applicant

Date

Print Name of Applicant

Candidate Name: _____ **Date:** _____

Instructions: *Check the appropriate box below*

I am applying as a Police Officer: Lateral Transfer

- I am currently employed as a police officer and I possess a California P.O.S.T. Basic Certificate.
 - **OR**
 - I was formerly employed as a police officer within past three (3) years of application deadline in a California law enforcement agency and I possess a California P.O.S.T. Basic Certificate.
-

I am applying as a Police Officer: Academy Graduate

(proof of enrollment/graduation must be attached to this supplemental questionnaire)

- I am currently enrolled at a Basic P.O.S.T. Academy. Proof of enrollment is attached to this supplemental questionnaire.

OR

- I have completed a Basic P.O.S.T. Academy within past three (3) years of date of application deadline. Proof of graduation is attached to this supplemental questionnaire.
 - I have completed a Basic P.O.S.T. Academy and I am eligible for the Recertification process.
-

I am applying as a Police Officer: Trainee

- I am a High School Graduate or have obtained my General Equivalency Diploma (GED)
-

I am applying as a Police Reserve Officer:

- I have completed P.O.S.T. Basic Academy
- I have completed P.O.S.T. Level I Reserve Officer training.
- I have completed P.O.S.T. Level II Reserve Officer training.
- I have completed P.O.S.T. Level III Reserve Officer training. (PC 832)