



CITY OF GREENFIELD

599 El Camino Real, P.O. Box 127, Greenfield, CA 93927

(831) 674-5591 FAX (831) 674-3149

www.ci.greenfield.ca.us

APPLICATION FOR EMPLOYMENT

INSTRUCTIONS: This application is part of the examination process. Failure to meet all the requirements listed in the job announcement and the established class specification by the final filing date is cause for rejection. It is the applicant's responsibility to insure that the application is on file at City Hall no later than 5:00 p.m. on the filing date. Late applications will be rejected. Postmarks and faxes are not accepted. Print in ink or use typewriter. Answer all questions completely and accurately. All information is subject to verification. False statements may be cause for rejection of the application, removal of name from eligible list or dismissal from position.

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|----------------------|------------------------|---|
| POSITION APPLIED FOR | 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 () () | CALIFORNIA DRIVER'S LICENSE NUMBER # CLASS: EXPIRATION / / |
|---------------------------|-------------------------------|---|

| | |
|--|--|
| 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"/> |
|--|---|

| | |
|---|---|
| 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 _____ |
|---|---|

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| 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: |
|--|

| |
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| 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. |
| LIST LANGUAGES OTHER THAN ENGLISH THAT YOU SPEAK FLUENTLY? |

AN EQUAL OPPORTUNITY EMPLOYER.

EDUCATION AND TRAINING

CIRCLE HIGHEST GRADE COMPLETED: 8 9 10 11 12 G.E.D. COLLEGE 1 2 3 4 POST-GRADUATE

DID YOU GRADUATE FROM HIGH SCHOOL? YES NO RECEIVE A G.E.D.? YES NO

| EDUCATIONAL INSTITUTIONS | LOCATION | DATES ATTENDED | | MAJOR SUBJECT | UNITS | DEGREE OR CERTIFICATE |
|--------------------------|----------|----------------|----|---------------|-------|-----------------------|
| | | FROM | TO | | | |
| HIGH SCHOOL/G.E.D. | | | | | | |
| COLLEGE/UNIVERSITY | | | | | | |
| | | | | | | |
| | | | | | | |

LICENSES, CERTIFICATIONS OR PROFESSIONAL REGISTRATIONS (You may omit associations which indicate care, 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 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 | | | |

| | | |
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| 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 | | |

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 an offer of employment to be withdrawn and/or 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, successfully pass a pre-employment drug test, background investigation 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 identify and legal right to work in the US.

SIGNATURE OF APPLICANT: _____ DATE: _____

AN EQUAL OPPORTUNITY EMPLOYER.

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

Do you require test accommodation? Yes No

JOB SOURCE INFORMATION:

Please indicate where you learned about this job vacancy:

- City Employee
- Friend/Relative
- City Employment Announcement
- Interest Card
- Organization/Group (please specify) _____
- Advertisement (please specify which paper/magazine) _____
- Jobs Available
- City Website
- Other (please specify) _____

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

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599 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 agree to a comprehensive background check and 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