



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

**APPLICATION FOR EMPLOYMENT**  
*Incomplete or illegible applications will not be accepted.*

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)
CELLULAR PHONE # ( )	MESSAGE TELEPHONE # ( )	DO YOU PRESENTLY POSSESS A VALID CALIFORNIA DRIVER'S LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO		
WORK/BUSINESS PHONE # ( )		LICENSE #:	CLASS:	EXPIRATION: / /
Applicant must provide a current DMV printout issued within 30 days of the final filing date. Application is considered incomplete without printout.				
E-MAIL ADDRESS:		HAVE YOU EVER WORKED FOR THE CITY OF GREENFIELD? <input type="checkbox"/> YES <input type="checkbox"/> NO		
LIST ANY OTHER NAMES USED:		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"/>		
ARE YOU A U.S.CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NATURALIZED, DATE OF CITIZENSHIP AND COUNTRY OF BIRTH: IF NO, TYPE OF VISA AND EXPIRATION DATE: ALIEN REGISTRATION#		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				

**AN EQUAL OPPORTUNITY EMPLOYER**



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			
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 cause** of my in 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.

5. 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.

DATE \_\_\_\_\_ SIGNATURE OF APPLICANT \_\_\_\_\_

**AN EQUAL OPPORTUNITY EMPLOYER**

