



# CITY OF GREENFIELD EMPLOYMENT APPLICATION

599 El Camino Real  
Greenfield, CA 93927  
831.674.5591

*Incomplete or illegible applications will not be accepted.*

TITLE OF POSITION YOU ARE APPLYING FOR		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? YES <input type="checkbox"/> NO <input type="checkbox"/> <b>Applicant must provide a current Official DMV printout by filing date. Application is considered incomplete without printout and will NOT BE CONSIDERED.</b>	
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:
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**

**EDUCATION AND TRAINING**

MARK HIGHEST GRADE COMPLETED: 8      9      10      11      12      (G.E.D.)

COLLEGE 1      2      3      4      POST-GRADUATE

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

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PROFESSIONAL ORGANIZATIONS, SOCIETIES, MEMBERSHIPS

**Experience**

List your work experience for the last 10 years, beginning with your current or most recent. List your experience to cover your work experience for the past 10 years as well as your past 3 employers. List full and part-time jobs, volunteer, including self-employment and unemployment. **Please do not exclude any breaches of work history.** Include Military services if it is related to this position. List each promotion separately. Experience beyond 10 years, 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. Incomplete applications will not be considered.**

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

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

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 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**

