

www.ci.gonzales.ca.us

P.O. Box 64/ * 14/ Fourth Street, Gonzales, CA 93926 ((831) 675-5000 ((831) 675-2644

EMPLOYMENT APPLICATION

| Please print in ink | | | | | | | | |
|--|----------------------|--|--------------------|---|---|--|--|--|
| Date | Soci | al Security Number | Home | e Phone # | | Work Pho | ne # | |
| Name (First) | (Mid | (Middle) | | (Last) | | California | California Driver's License No. | |
| Mailing Address | | | City | | | State | Zip | |
| Type of Work or Position Ap | plying | | Full T | ime | | Permaner | nt | |
| for 1. | | 2. | | Part Time | | | Temporary | |
| Are you between the ages of 18 and 70? Yes No | | If hired, can you furnish proof of age? Yes No | | If you are not a U.S. Citizen, Do you have the legal right to remain and work permanently in the U.S.? Yes No | | | Do you have permission to work Temporarily? Yes No | |
| Have you ever been employed by the City? Yes No | | Dates employed Department Position | | Do you have a relative employed by the City? Yes No | | | Name Department Position | |
| Referred by | | Day Phone # | | Evening Phone # | | | | |
| ANSWER THESE QUES | STIONS IF ANY | Y POSITIONS FOR WHI | ICH YOU AI | RE APPLYIN | G REQUIRE PF | ROFICIENCY IN | THE FOLLOWING | |
| Language(s) Written | | | Othe | r Skills or Sp | pecial Training | You Have or M | achines You Operate | |
| Language(s) Read | | | | | | | | |
| Words Per Minute Co | mputer Progra | ams | I | | | | | |
| • | | ED | UCATIO | N | | | | |
| Highest Grade Completed 1 2 3 4 5 6 7 8 9 10 11 12 | | | | | ave attended a | | ol level and beyond. | |
| Name of School | | Location | From Mo/Yr | To Mo/Yr | Units Completed | Degree or Diploma | Major | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| EXTRACURRICULAR ACT | | | | zations HC | DNORS RECEI | VED | | |
| If you are applying for a position in a scie at the college level. Indicate lower division | n courses you have t | aken at the college level. Indicate | by descriptive tit | le (not course num ourses with "I" upp | nber) the courses in yo er with "U" and gradua | ur major field and all re te with "C" units and fir | elated courses you have taken nal grade. | |
| Subject | Lower | , Upper or Graduate | | Grade | | | w? YesNo | |
| | | | 1 | | | | | |

| Certificates and licenses (give state, number and expiration date) and membership in professional societies. | | | Community activities, special interests: (you may exclude names of organizations, which may reveal your race, religion, national origin or ancestry) | | Other Pertinent Qualifications: | |
|--|-----------------|-----------------------------|--|----------------------------|--|--|
| e during at least the | past ten years, | er FIRST and incommendation | of unemployment. You r | s experience and major vol | unteer experience; account for a anizations, which may reveal you m. | |
| EMPLOYER Name and Address | | | JOB TITLE UTIES IN DETAIL | | REASON FOR LEAVING | |
| From: Month Year | To: Month | Total # Year Months | | Hours worked per v | | |
| Type of Business | | Name (| of your supervisor Phone Number | | Last Salary May we contact your current employer? | |
| Name and Address | То: | AND D | UTIES IN DETAIL | Hours worked per v | LEAVING veek Starting Salary | |
| Month Year | - | ear Months | /years | | Last Salary | |
| Type of Business | | | of your supervisor | Phone Number | May we contact your current employer? | |
| EMPLOYER Name and Address | | | JOB TITLE UTIES IN DETAIL | | REASON FOF LEAVING | |
| | | | of | Hours worked per v | veek Starting Salary | |
| | To: Month | Total # Year Months | | | Last Salary | |
| From: Month Year Type of Business | - | ear Months | | Phone Number | Last Salary May we contact your current employer? | |
| Month Year | Month \ | ear Months | /years | | May we contact your | |

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