

EMPLOYMENT APPLICATION

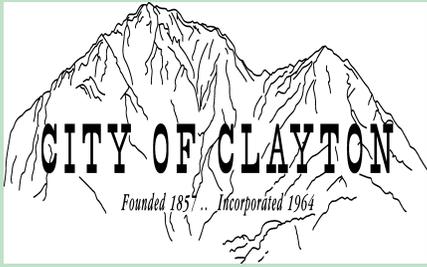
EQUAL OPPORTUNITY EMPLOYER

6000 Heritage Trail, Clayton, CA 94517

Telephone: (925) 673-7300

Visit our web site at: www.ci.clayton.ca.us

This area for Personnel
Department Use Only



PLEASE TYPE OR PRINT IN INK.

INCOMPLETE OR ILLEGIBLE APPLICATIONS WILL NOT BE ACCEPTED

POSITION APPLIED FOR : _____ DATE : _____

NAME : _____
Last First Middle Initial

ADDRESS: _____ APT/UNIT # _____
Number Street

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: Home: (____) _____ Cell: (____) _____ Work: (____) _____

OTHER NAMES YOU HAVE USED OR ARE KNOWN BY _____ E-mail: _____

CAN YOU, AFTER EMPLOYMENT, SUBMIT VERIFICATION OF YOUR RIGHT TO WORK IN THE UNITED STATES? YES [] NO []

ARE ANY RELATIVES EMPLOYED BY THE CITY OF CLAYTON? YES [] NO [] IF YES, PLEASE LIST: _____

WILL YOU ACCEPT TEMPORARY WORK? YES [] NO []

PART TIME? YES [] NO []

WILL YOU ACCEPT SHIFT, EVENING OR WEEKEND WORK, IF REQUIRED? YES [] NO []

HAS YOUR DRIVER'S LICENSE EVER BEEN SUSPENDED OR REVOKED? (CALIFORNIA LICENSE REQUIRED FOR POSITIONS WHICH REQUIRE DRIVING) YES [] NO [] IF YES, PLEASE EXPLAIN:

DRIVER'S LICENSE NO. _____ EXPIRATION DATE: _____

SPECIAL QUALIFICATIONS: List licenses, certificates and/or registrations required for this job.

TITLE	DATE ISSUED	DATE EXPIRES	NUMBER
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

OFFICE SKILLS: Typing Speed _____ (attach certification from a community college, adult education program, vocational training center or recognized employment agency, dated within the last 12 months)

Police Officer and Trainee candidates only:

Are you at least 21 years of age: ____ Yes ____ No If no, date you will become 21: _____

Are you a graduate of a POST Basic Academy? ____ Yes ____ No

Are you currently attending a POST Basic Academy? ____ Yes ____ No

EDUCATION & TRAINING :

Circle Highest Grade Completed: 8 9 10 11 12 G.E.D. College: 1 2 3 4 Grad Work? Yes [] No []

Colleges or Universities attended	Location	Units Completed		Major Subject	Type of Degree or Certificate	Date Degree or Cert. Awarded
		Semester	Quarter			

EMPLOYMENT RECORD: Begin with present or most recent position. **List work record for past ten years, and include any other pertinent experience.** You may attach a resume but it is **NOT** a substitute for completing this section. Attach additional sheets if necessary.

MUST COMPLETE

FROM: Month/ Year	TO: Month / Year	Total No. Months	Exact Title of Position:			
Employer Name:		Phone No: ()	Your duties were:			
Street Address:						
City: State: Zip:						
Name and Title of supervisor:						
Reason for leaving:			Number supervised:	Salary per mo. Starting:	Final:	
FROM: Month/ Year	TO: Month / Year	Total No. Months	Exact Title of Position:			
Employer Name:		Phone No: ()	Your duties were:			
Street Address:						
City: State: Zip:						
Name and Title of supervisor:						
Reason for leaving:			Number supervised:	Salary per mo. Starting:	Final:	
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Employer Name:		Phone No: ()	Your duties were:			
Street Address:						
City: State: Zip:						
Name and Title of supervisor:						
Reason for leaving:			Number supervised:	Salary per mo. Starting:	Final:	

May we contact your present employer as to your character, qualifications, etc? Yes [] No []

I hereby certify that all statements made herein or otherwise by me in applying for a position of employment with the City of Clayton are true and correct. If you are determined to meet the minimum qualifications, you will be required to submit additional information pertinent to a criminal history inquiry. I understand and agree that my misstatement or omission of material fact will cause forfeiture of my rights to employment by the City of Clayton. I understand that employment is contingent upon my provision of written verification of my identity and legal right to work in the United States.

DATE _____ SIGNATURE _____