



CITY OF CLOVERDALE

EMPLOYMENT APPLICATION

Cloverdale City Hall, 124 N. Cloverdale Blvd. Cloverdale, CA 95425

Phone: 707.894.2521; Fax: 707.894.3451

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodations to the application and/or interview process should notify a representative of the Human Resources Department.

Name _____
Last First Middle

Address _____
Street City State Zip Code

Telephone# () _____ Cell/Other Phone# () _____ E-mail Address _____

Position(s) applied for _____ Date of Application / /

Are you able to perform the essential functions of the position for which you are applying, with or without reasonable accommodations? Yes No

Referral Source (Please check the appropriate category and name the source.)

- Walk-in _____
- Employee _____
- Advertisement _____
- City website _____
- Other Internet website _____
- School _____
- Job Fair _____
- Staffing Agency _____
- Government Employment Agency _____
- Other _____

If necessary, best time to call you at home is _____:_____ AM / PM

May we contact you at work? Yes No If **yes**, work number and best time to call () _____-_____ :_____ AM/PM

If you are under 18 and it is required, can you furnish a work permit? Yes No If **no**, please explain _____

Have you submitted an application here before? Yes No If **yes**, give date(s) and position(s) _____

Have you ever been employed here before? Yes No If **yes**, give dates From ___/___/___ To ___/___/___

Are you legally authorized to work in the United States? Yes No

Date available for work ___/___/___

Type of employment desired: Full-Time Part-Time Seasonal Temporary

Will you relocate if job requires it? Yes No

Will you travel if job requires it? Yes No

Are you able to meet the attendance requirements of the position? N/A Yes No

Will you work overtime if required? Yes No If **no**, please explain _____

If driving is a required function of the job for which you are applying, provide driver's license number: _____ State _____

Employment History

Starting with your most recent employer, provide the following information:

Employer	Telephone #	Dates employed	Mo	Year	to	Mo	Year
Street address		City			State		
Starting job title/final job title							
Immediate supervisor and title (for most recent position held)				May we contact for reference?			
				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later			
Why did you leave?							
Summarize the type of work performed and job responsibilities.							
What did you like most about your position?							
What were the things you liked least about the position?							
Employer	Telephone #	Dates employed	Mo	Year	to	Mo	Year
Street address		City			State		
Starting job title/final job title							
Immediate supervisor and title (for most recent position held)				May we contact for reference?			
				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later			
Why did you leave?							
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Immediate supervisor and title (for most recent position held)				May we contact for reference?			
				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later			
Why did you leave?							
Summarize the type of work performed and job responsibilities.							
What did you like most about your position?							
What were the things you liked least about the position?							

Explain any gaps in your employment, other than those due to personal illness, injury or disability. _____

If not addressed above, have you ever been fired or asked to resign from a job? Yes No If yes, please explain

Skills and Qualifications

Summarize any special training, skills, licenses and/or certificates that may assist you in performing the position for which you are applying.

Computer Skills (Check appropriate boxes. Include software, titles and years of experience.)

<input type="checkbox"/> Work Processing _____	Years: __	<input type="checkbox"/> Internet _____	Years: __
<input type="checkbox"/> Spreadsheet _____	Years: __	<input type="checkbox"/> Other _____	Years: __
<input type="checkbox"/> Presentation _____	Years: __	<input type="checkbox"/> Other _____	Years: __
<input type="checkbox"/> E-mail _____	Years: __	<input type="checkbox"/> Other _____	Years: __

Educational Background

Starting with your most recent school attended, provide the following information.

School (include City & State)	Years Completed	Completed	GPA Class Rank	Major/Minor
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree <input type="checkbox"/> Certification <input type="checkbox"/> Other		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree <input type="checkbox"/> Certification <input type="checkbox"/> Other		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree <input type="checkbox"/> Certification <input type="checkbox"/> Other		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree <input type="checkbox"/> Certification <input type="checkbox"/> Other		

References

List name and telephone number of three business/work references that are **not** related to you and are **not** previous supervisors. If not applicable, list three school or personal reference that are **not** related to you.

Name	Title	Relationship to You	Telephone	Number of Years Known
			()	
			()	
			()	

Related Information

To what job-related organizations (professional, trade, etc.) do you belong?

Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, sexual orientation, veteran/reserve, National Guard or any other similar protected status.

Organization	Offices Held

List special accomplishments, publications, awards, etc. Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, sexual orientation, veteran/reserve, National Guard or any other similar protected status. _____

In your current or a prior job, have you ever written instructions or directions to be followed by employees or customers? N/A Yes No
If yes, please explain _____

Is there any other job-related information you want us to know about you? _____

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete and correct. I understand that any offer of employment I receive may be contingent on passing a job-related physical examination, and/or satisfactory completion of a background examination.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

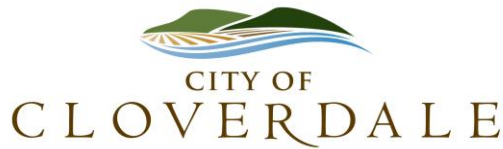
I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____

Date ____/____/____



Equal Employment Opportunity Questionnaire

The City of Cloverdale is requesting applicants for employment to complete this form in order to comply with United States Government Equal Employment Opportunity requirements. Data collected will be used for statistical purposes and to measure effectiveness of recruitment efforts. The information that you voluntarily provide will be detached from your application and will be kept separate and confidential.

The City of Cloverdale is an equal opportunity employer. If you feel you have been treated unfairly or discriminated against because of race, color, religion, national origin, sex, age, disability, or sexual orientation, please contact the City of Cloverdale Human Resources Department at: (707) 894-1712.

Exact title of position you are applying for: _____

Today's Date: _____

Name: _____

A. Are you: Male Female

B. Are you over 40? Yes No

C. **ETHNIC ORIGIN (Please Check One)**

WHITE: All persons having origins in any of the original peoples of Europe, North Africa or the Middle East.

BLACK: All persons having origins in any of the Black racial groups.

HISPANIC: All persons of Mexican, Puerto Rican, Cuban, Central or South America or other Spanish culture or origin, regardless of race.

ASIAN OR PACIFIC ISLANDER: All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, Samoa and Philippine Islands.

AMERICAN INDIAN OR ALASKAN NATIVE: All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

OTHER