



## APPLICATION FOR EMPLOYMENT An Equal Opportunity Employer

We do not discriminate on the basis of race, color, religion, national origin, sex, age, or disability. It is our intention that all qualified applicants be given equal opportunity and that selection decision be based on job-related factors.

Each question should be fully and accurately answered. No action can be taken on this application until all questions have been answered. Use blank paper if you do not have enough room on this application. PLEASE PRINT, except for signature on back page of application.

Job Applied For: _____			Today's Date: _____	
Are you seeking: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary employment?			When could you start work? _____	
Last Name	First Name	Middle Name	Telephone Number	
Present Street Address			City	ST Zip Code
Are you 18 years of age or older? (If you are hired you may be required to submit proof of age.)				<input type="checkbox"/> Yes <input type="checkbox"/> No
Social Security Number _____		If hired, can you furnish proof you are eligible to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Have you ever applied here before? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, when? _____
Were you ever employed here? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, when? _____
Are you now or do you expect to be engaged in any other business or employment? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please explain _____		
Do you have a valid driver's license?		Driver's License Number _____
		Class of License _____

High School or GED	Address	City	ST	Number of Years
Subjects Studied			Diploma/Degree/ Certificate Received	
College or University	Address	City	ST	Number of Years
Subjects Studied			Diploma/Degree/ Certificate Received	
Vocational or Technical	Address	City	ST	Number of Years
Subjects Studied			Diploma/Degree/ Certificate Received	

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references. PLEASE GIVE MONTH AND YEAR.

Name of Employer		Job Title
Address, City, State, Zip		Duties
Telephone		Date of Employment From To
Supervisor		Reason for Leaving

Name of Employer		Job Title
Address, City, State, Zip		Duties
Telephone		Date of Employment From To
Supervisor		Reason for Leaving

Name of Employer		Job Title
Address, City, State, Zip		Duties
Telephone		Date of Employment From To
Supervisor		Reason for Leaving

Name of Employer		Job Title
Address, City, State, Zip		Duties
Telephone		Date of Employment From To
Supervisor		Reason for Leaving

Name of Employer		Job Title
Address, City, State, Zip		Duties
Telephone		Date of Employment From To
Supervisor		Reason for Leaving

Name of Employer		Job Title
Address, City, State, Zip		Duties
Telephone		Date of Employment From To
Supervisor		Reason for Leaving

Have you worked under any other name?  Yes  No If yes, give name: \_\_\_\_\_

Are you presently employed?  Yes  No If yes, may we contact your present employer?  Yes  No

Have you ever been fired from a job or asked to resign?  Yes  No

If yes, please explain: \_\_\_\_\_

Give three references, not relatives or former employers:		
Name	Address	Phone

**PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING**

I certify that all the statements made on this application are true to the best of my knowledge. I understand that any misrepresentations or deliberate omission of a material fact may be justification for disqualification or termination of employment. I agree to undergo any job-related physical examination and drug screening upon conditional offer of employment. I fully understand that employment is contingent upon meeting the City's background checks and physical/screening requirements. I authorize the City of Winters to verify my qualifications and character with the employers, schools, or persons named on this application, except as noted.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_