



Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Phone: _____ Email _____

Date Available: _____

Position Applied for: _____

After an employment offer, can you submit verification of your legal right to work in the United States? YES NO Do you have a valid driver's license? YES NO

Have you previously been employed by the city of Winters? YES NO If yes, when? _____

Are you a retiree from a CalPERS (or reciprocal) agency? YES NO If yes, explain: _____

Do you have any relatives employed by the City of Winters? If yes, provide names: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Professional license or certificate: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Skills in computer, typing or equipment: _____

Are you bilingual? Language: _____

Previous Employment

List your last three jobs or all jobs performed in the last 10 years, whichever is longer, beginning with most recent experience first. You may attach additional sheets of this page if necessary. A resume may be attached but not substituted for completing this application.

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact? YES NO

Veteran's Preference

Do you wish to claim Veteran's Preference if applicable? If yes, a copy of your DD214 form will be required if you are invited to interview.

YES

NO

References

Please list three professional references.

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Disclaimer and Signature

I certify that all the statements made on this application are true to the best of my knowledge. I understand that any misrepresentation 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 qualification and character with the employers, schools, or persons named on this application, except as noted.

Signature: _____ Date: _____

The City of Winters is an Equal Opportunity Employer. In accordance with the Federal Americans with Disabilities Act (ADA) and the California Fair Employment & Housing Act (FEHA), if accommodations are necessary in order to perform the essential functions of the position, or to participate in any portion of the selection process, please contact Human Resources at 530-794-6701 within three (3) calendar days of the final filing date for the recruitment.

Full Name: _____ Date: _____
Last First M.I.

RECRUITMENT STATISTICAL INFORMATION

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM

Anti-Discrimination Notice. It is an unlawful employment practice for an employer to fail or refuse to hire or discharge any individual, or otherwise to discriminate against any individual with respect to that individual's terms and conditions of employment, because of such individual's race, color, religion, sex, or national origin.

This employer is subject to certain nondiscrimination and affirmative action recordkeeping and reporting requirements which require the employer to invite employees to voluntarily self-identify their race/ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable federal laws, executive orders, and regulations, including those which require the information to be summarized and reported to the Federal Government for civil rights enforcement purposes.

If you choose not to self-identify your race/ethnicity at this time, the federal government requires this employer to determine this information by visual survey and/or other available information.

For civil rights monitoring and enforcement purposes only, all race/ethnicity information will be collected and reported in the seven categories identified below. The definitions for each category have been established by the federal government. If you choose to voluntarily self-identify, you may mark only one of the boxes presented below.

INVITATION TO SELF-IDENTIFY

PLEASE ANSWER THE FOLLOWING QUESTION

What is your race/ethnicity? Please mark the **one box** that describes the race/ethnicity category with which you primarily identify.

- **Hispanic or Latino:** a person of Cuban, Mexican, Chicano, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- **White:** a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- **Black or African American:** a person having origins in any of the black racial groups of Africa.
- **Asian:** a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- **Native Hawaiian or Other Pacific Islander:** a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- **American Indian or Alaska Native:** a person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- **Two or More Races:** a person who primarily identifies with two or more of the above race/ethnicity categories.