



City of Auburn Application for Employment

1225 Lincoln Way, Auburn, CA 95603
530/823-4211
FAX 530/823-4209

POSITION APPLIED FOR:			
NAME (Last, First, Middle):		EMAIL ADDRESS:	
MAILING ADDRESS		VALID CALIFORNIA DRIVERS LICENSE NO.:	
HOME PHONE: () () ()	WORK PHONE: () () () Ext.	MESSAGE PHONE: () () ()	
CITIZENSHIP: If you are not a U.S. citizen, do you have the legal right to remain permanently in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No		WILL YOU ACCEPT: Part-Time Work? <input type="checkbox"/> Yes <input type="checkbox"/> No Temporary Work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
EDUCATION AND TRAINING			
High School Graduate: <input type="checkbox"/> Yes <input type="checkbox"/> No		Passed Equivalency Test: <input type="checkbox"/> Yes	
Name/Location of College		Completed Semester Units	Degree Obtained
Course of Study			
Correspondence, Trade or Service Schools:		Course of Study:	
Certificates of Training, Licenses or Professional Registration:		Certificates in Typing and/or Stenography or Estimate of Proficiency: Typing Level: _____ WPM Steno Level: _____ WPM Date Issued: _____ Date Issued: _____	
Describe fully any job-related skills, knowledge or special training you may possess. Please include any software programs in which you are proficient:			
If your answer to any of the following questions is yes, please give details in the column to the right:			
	Yes	No	Question # Remarks
1. Do any of your relatives work for the City? If so, list their names and positions. A 'yes' answer will NOT automatically disqualify you.	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Have you ever been discharged from a position, terminated during probation or asked to resign from a position? If 'yes,' give name and address of employer, date of occurrence, and the reason. CITE ALL SUCH CASES. Add additional pages if necessary.	<input type="checkbox"/>	<input type="checkbox"/>	_____

The City of Auburn is an Equal Opportunity Employer and does not discriminate on the basis of race, color, creed, sex, marital status, age, national origin, ancestry, medical condition, or physical or mental disability.

WORK EXPERIENCE

DO NOT indicate 'See Resume.' This section must be completed even if supplemented by a resume. List all jobs in the last 10 years, including military service. Be specific in describing your duties. BE SURE TO LIST EACH CHANGE IN TITLE OR PROMOTION SEPARATELY. If qualifying experience is part-time or voluntary, list the number of hours per week spent performing the work. Give specific details on the experience that you believe meets the entrance requirements for the position for which you are applying. Go back more than 10 years if necessary. Attach additional pages if necessary. Begin with your present job and work backwards.

MAY BE CONTACT YOUR PRESENT EMPLOYER? Yes No

From: Month Year	To: Month Year	Exact Title of Position:	Hours Worked Per Week:
EMPLOYER (Name and Address)		Your Duties Included:	
SUPERVISOR (Name)		(Supervisor Title and Telephone No.)	
REASON FOR LEAVING (be specific):		Number of Employees Supervised:	
From: Month Year	To: Month Year	Exact Title of Position:	Hours Worked Per Week:
EMPLOYER (Name and Address)		Your Duties Included:	
SUPERVISOR (Name)		(Supervisor Title and Telephone No.)	
REASON FOR LEAVING (be specific):		Number of Employees Supervised:	
From: Month Year	To: Month Year	Exact Title of Position:	Hours Worked Per Week:
EMPLOYER (Name and Address)		Your Duties Included:	
SUPERVISOR (Name)		(Supervisor Title and Telephone No.)	
REASON FOR LEAVING (be specific):		Number of Employees Supervised:	
From: Month Year	To: Month Year	Exact Title of Position:	Hours Worked Per Week:
EMPLOYER (Name and Address)		Your Duties Included:	
SUPERVISOR (Name)		(Supervisor Title and Telephone No.)	
REASON FOR LEAVING (be specific):		Number of Employees Supervised:	

CERTIFICATION OF APPLICANT

I certify all information shown in this application is true and correct to the best of my knowledge. I understand that my employment may be contingent upon the successful completion of the background investigation/reference checks. I agree to submit to a medical examination and, upon employment, to furnish such proof of age and citizenship as may be required.

I hereby authorize all organizations and persons listed in this application including excluding my current employer to release any information requested by the City of Auburn for reference purposes. I release said organizations and persons from liability for any damage whatsoever resulting from providing such information in good faith.

I understand and agree that any misstatement or omission of material facts herein may subject me to a disqualification or dismissal.

SIGNATURE _____

DATE _____