



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 _____

VOLUNTARY STATISTICAL INFORMATION QUESTIONNAIRE
DO NOT DETACH (Please print or type)

City of Auburn is asking all applicants to complete this form in order to comply with Federal Equal Employment Opportunity law requirements. This information will be detached from your application and will only be available for research and statistical purposes, and only to authorized personnel. Your cooperation in providing this information is essential to the success of the research and evaluation program and will NOT be used in any phase of the examination and selection process. Please understand that you have the option of providing or not providing the information requested below.

POSITION TITLE: _____ **FILING DEADLINE:** _____

GENDER: Male (M) Female (F)

AGE: Are you over 40 years of age? Yes No

DISABILITY: Are you a person with a disability? Yes No

ETHNIC ORIGIN: The following ethnic categories have been identified by the Equal Employment Opportunity Commission (EEOC). *Please check **one space only** for the ethnic category you most closely identify with.*

American Indian: Persons descended from the original people of North America, including American Indians, Aleuts, and Eskimos, who identify themselves or are known as such by virtue of tribal association or community recognition.

Asian: Person of Chinese, Indo-Chinese, Japanese, or Korean descent.

Black: Persons of African descent (including Black persons with a Spanish surname) as well as those persons identified as Jamaican, Trinidadian, and West Indian.

Caucasian: Persons of Indo-European descent except those included in other groups.

Filipino: Persons of Filipino descent.

Hispanic: Persons of Mexican, Latin American, Spanish or Portuguese descent.

Pacific Islander: Persons of Polynesian descent who are not included in any other group.

RECRUITMENT RESEARCH: *Indicate how you learned about this recruitment (check only one).*

Auburn Journal

Reno Gazette

Jobs Available

Friend / Family Member

Newspaper other than those listed above

California Job Journal

Job Fair / Trade Show

Sacramento Bee

Trade or Professional Publication

Internet Service