USE BLUE OR BLACK INK OR TYPEWRITER ANSWER ALL QUESTIONS PLEASE PRINT

CITY OF SEBASTOPOL EMPLOYMENT APPLICATION

RETURN TO:
CITY HALL / PERSONNEL
7120 BODEGA AVE.
SEBASTOPOL, CA 95472

1. NAME

(Last Name) (First Name) (Middle Initial)

2. Position Applied For:

3. Home Address:

4. Do you speak any languages other than English? ” Yes ” No
If so, which ones?

5. Do you have a valid driver's license? _____ _____ _____ _____
Yes ‘ State Type of License Number Expiration Date
No ‘ If yes, give the following:

6. Education: Highest School Grade Completed:___ Do you have a high school diploma or acceptable equivalency certificate? ‘ Yes ‘ No

Name and Location of School / Training	Course or Major	Hours or Units Completed	Did You Graduate?	Degree / Certificate Received

7. List any professional license or registration which you hold related to the position:

8. What machines can you operate relative to the position:

9. EXPERIENCE: List all jobs you have held in the last ten years. Put your present or most recent job first. Include military service. By being complete you may improve your chances for employment. If you need more space, you may attach additional sheets.

Mo./ Yr.	Job Title & Duties:
From:	Supervisor:
To:	Employer's Name & Address:
Salary:	Reason for leaving:
Mo./ Yr.	Job Title & Duties:
From:	Supervisor:
To:	Employer's Name & Address:
Salary:	Reason for leaving:
Mo./ Yr.	Job Title & Duties:
From:	Supervisor:
To:	Employer's Name & Address:
Salary:	Reason for leaving:

10. Have you ever been employed by the City of Sebastopol?
‘ YES ‘ NO

11. If you worked for the City under a different name, what was your former name?:

12. Please list any training, skills, experiences or special qualifications not shown on this form, that you have gained through volunteer, community or other activities. You may use the back of this form for additional space:

I certify that all statements above are true to the best of my knowledge. I understand that false statements shall be sufficient cause for rejection or dismissal.

SIGNATURE: Date: Phone Number: