

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



CITY OF SEBASTOPOL EMPLOYMENT APPLICATION



RETURN TO:
Public Works Department
714 Johnson Street
SEBASTOPOL, CA 95472

1. NAME (Last Name) (First Name) (Middle Initial)	2. Position Applied For:
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3. Home Address:	4. Do you speak any languages other than English? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, which ones?
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5. Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give the following:	State	Type of License	Number	Expiration Date
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6. Education:	Highest School Grade Completed: <input type="checkbox"/>	Do you have a high school diploma or acceptable equivalency certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No
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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. From: To: Salary:	Job Title & Duties: Supervisor: Employer's Name & Address: Reason for leaving:
Mo./ Yr. From: To: Salary:	Job Title & Duties: Supervisor: Employer's Name & Address: Reason for leaving:
Mo./ Yr. From: To: Salary:	Job Title & Duties: Supervisor: Employer's Name & Address: Reason for leaving:

10. Have you ever been employed by the City of Sebastopol? <input type="checkbox"/> Yes <input type="checkbox"/> No	11. If you worked for the City under a different name, what was your former name?
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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: _____
Email: _____