

INSTRUCTIONS FOR COMPLETING CITY OF ATWATER EMPLOYMENT APPLICATION

IMPORTANT - PLEASE READ

This Application form may be printed. Please note that an original application and signature must be submitted (mailed or delivered in person) to the City of Atwater Human Resources Office (photocopies and FAX copies WILL NOT be accepted.)

This Application is the initial part of the examination process. Read the job bulletin thoroughly and apply for the position only if you feel reasonably certain that you meet the requirements. TYPE OR PRINT RESPONSES IN INK AND FILL OUT APPLICATION COMPLETELY. Clearly state your qualifications. If a question does not apply to you, enter "N/A". Incomplete or illegible applications may be disqualified. A SEPARATE APPLICATION FORM IS REQUIRED FOR EACH POSITION. Documents submitted with the application will not be returned. Please avoid any reference to religion, politics, race, sex, age or other non-job related traits. Notify the Human Resources Office promptly if you have a change of address, phone, or employer. RESUMES WILL NOT BE ACCEPTED IN LIEU OF COMPLETED APPLICATIONS, BUT MAY BE ATTACHED AS ADDITIONAL INFORMATION.



EMPLOYMENT APPLICATION CITY OF ATWATER

FOR OFFICE USE
Eligible _____

Human Resources Office
Phone (209) 357-6205
750 Bellevue
Atwater, CA 95301
www.atwater.org

Position Title:
(USE EXACT TITLE AS APPEARS ON JOB BULLETIN. JOB BULLETIN AVAILABLE FROM THE HUMAN RESOURCES OFFICE.)

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LAST NAME		FIRST NAME		MIDDLE NAME	
CURRENT RESIDENCE:	STREET NUMBER	STREET NAME		APT. NO.	
CITY	STATE	ZIP CODE	EMAIL ADDRESS		
PHONE NUMBERS::			DRIVER'S LICENSE NO.		
			STATE	CLASS	
			EXPIRATION DATE		

PERSONAL INFORMATION

Are you legally eligible to be employed in the United States? Yes No
(Proof of identity and eligibility will be required upon employment)

If younger than 18 years do you have a work permit? Yes No

What language(s) [other than English] do you comprehend and speak fluently?

Are there any reasons why you would not be able to perform the essential job functions of the position for which you are applying? Yes No If yes, could you perform the essential job functions with an accommodation? Yes No
(According to the Americans with Disabilities Act (ADA), disabilities are irrelevant except for purposes of discussing the forms of accommodation which might enable the applicant to do the job. All qualified individuals will be considered for the position, whether or not an accommodation is required. **NOTE: If you require an accommodation in order to fully participate in the application and testing process, please attach a request for the type of accommodation required or contact the Human Resources Office directly to discuss.**)

Have you ever worked for the City of Atwater? Yes No If yes, in what position?

Do you have any relatives presently working for the City of Atwater? Yes No
If yes, please give name, relationship, position, and Department

(Please call Human Resources Office to determine if this would affect your eligibility for employment in this position.)

APPLICATION CONTINUES ON NEXT PAGE

EDUCATION AND EXPERIENCE

Refer to Job Bulletin for the position for which you are applying. List specific education, training, license, certificate, and experience relevant to the position.

EDUCATION Indicate highest grade completed: (1-12)	HIGH SCHOOL GRADUATE OR PASSED HIGH SCHOOL EQUIVALENCY TESTS (Attach Copy of G.E.D.)
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NAME OF EDUCATIONAL INSTITUTION, TRADE OR SERVICE SCHOOL	LOCATION	COURSE OF STUDY	DEGREE/DATE

CERTIFICATES OF PROFESSIONAL OR VOCATIONAL COMPETENCE, LICENSES, MEMBERSHIP IN PROFESSIONAL ASSOCIATIONS:

MILITARY SERVICE U.S. Armed Forces: IF YES, COMPLETE THE SECTION BELOW:

Do you wish to claim Veteran's Credit? List experience and skills obtained while in active duty:

EXPERIENCE Begin with your most recent experience. List all experience in the last five (5) years. Give details on the experience which you believe meets the entrance requirements for this position. Go back more than ten years if necessary. Also, list any volunteer experience which you feel helps you meet the requirements of the job for which you are applying. Show actual time (number of hours/weeks) spent in such experience - enter "Volunteer" in the space following salary.

PERIOD OF EMPLOYMENT	JOB TITLE and most important duties performed if applicable. Use actual title	EMPLOYER'S NAME ADDRESS AND PHONE
FROM: Mo. Yr.	TITLE	
TO: Mo. Yr.	DUTIES	
TOTAL Yrs. Mos.		
Full-Time Part-Time Hours per Week		
Salary \$		
	Reason for Leaving	NAME OF SUPERVISOR
FROM: Mo. Yr.	TITLE	
TO: Mo. Yr.	DUTIES	
TOTAL Yrs. Mos.		
Full-Time Part-Time Hours per Week		
Salary \$		
	Reason for Leaving	NAME OF SUPERVISOR
FROM: Mo. Yr.	TITLE	
TO: Mo. Yr.	DUTIES	
TOTAL Yrs. Mos.		
Full-Time Part-Time Hours per Week		
Salary \$		
	Reason for Leaving	NAME OF SUPERVISOR

MAY WE CONTACT YOUR PRESENT EMPLOYER? If No, explain

WORK RELATED REFERENCES List three individuals (NOT RELATIVES)

NAME	ADDRESS	TELEPHONE	OCCUPATION

AUTHORIZATION

The facts set forth in this application and any supplemental information is true and complete to the best of my knowledge. I understand that, if employed, falsified statements on this application shall be considered sufficient cause for immediate discharge. I hereby authorize investigation of all statements contained herein and employers listed above to give you any and all information concerning my employment, and any pertinent information they may have, and release all parties from all liability for any damage that may result from furnishing same.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for the company to hire me. If I am hired, I understand that either the company or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of the company has the authority to make any assurance to the contrary. I also understand that appointment to the position is conditioned on verification of the right to work in the United States, and satisfactory completion of a medical examination, fingerprint, background check and other bonafide job conditions for the position for which I have applied.

I understand that I am required to abide by all rules and regulations of the company.

Signature (type name):

Signature

Date:

Equal Opportunity Employment

The City of Atwater shall not discriminate against any employee or applicant for employment and makes all employment decisions without regard to an individual's race, color, creed, gender, sex, religion, marital status, age, mental or physical disability, national origin, political affiliation or belief, sexual orientation, gender identity, medical condition, ancestry, pregnancy, citizenship status, military or veteran status, genetic information, or any other basis protected by applicable Federal, State or local law or any other unlawful discrimination based on the perception that anyone has any of those characteristics or is associated with a person who has, or is perceived having any of those characteristics.

The City is willing to make reasonable accommodations in the application and examination process for individuals with disabilities. Requests for accommodations should be made prior to or at the time of application. For more information, please contact the City of Atwater Human Resources Department.

"I hereby authorize any former employer, its employees, and representative, or any person listed as a reference to provide any and all information they deem appropriate regarding my employment and job performance to the City of Atwater and any of its employees, representatives, and agents. This information may be provided either verbally or in writing. In addition to authorizing the release of any information regarding my employment, I hereby fully waive any rights or claims I have or may have against any former employer, its employees and representatives, or any person listed as a reference, and release any former employer, its employees and representatives, former education institution, or any person listed as a reference from any and all liability, claims, or damages that may directly or indirectly result from the use, disclosure or release of such information by any person or party, whether such information is favorable or unfavorable to me."

Signature (type name):

Signature

Date: