

EMPLOYMENT APPLICATION
SHORT FORM

An Equal Opportunity Employer

Please Print

Date Last Name First Name Middle

Present Address

No. & Street City State Zip Code

Mailing Address (if different from present address)

No. & Street or P.O. Box City State Zip Code

(_____) _____ - _____ (_____) _____ - _____ (_____) _____ - _____
Business Phone Home Phone Cell Phone

Employment Desired

Position Applying For: _____

Personal Information

Have you ever applied to or worked for the City of Alturas before?..... Yes No
If yes, when? _____

Do you have any friends or relatives working for the City of Alturas?..... Yes No
If yes, state name(s) and relationship:

Name Relationship

Name Relationship

If hired, would you have a reliable means of transportation to and from work?..... Yes No

Are you at least 18 years old? (If under 18, hire is subject to verification that you are of minimum legal age)..... Yes No

If hired, can you present evidence of your U.S. Citizenship or proof of your legal right to live and work in this country?..... Yes No

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation?..... Yes No
If no, describe the functions that cannot be performed.

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination and to skill and agility tests).

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Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? (Misdemeanor convictions for marijuana-related offenses that are more than two years old need not be listed)..... Yes No
 If yes, state nature of the crime(s), when and where convicted, and disposition of the case.

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

Education, Training, and Experience

School	Name and Address	No. of Years Completed	Did you Graduate?	Degree or Diploma	Certificate
High School	_____ Name _____ Address _____ City	_____	Yes ___ No ___	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
College/ University	_____ Name _____ Address _____ City	_____	Yes ___ No ___	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
Vocational/ Business	_____ Name _____ Address _____ City	_____	Yes ___ No ___	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
Other	_____ Name _____ Address _____ City	_____	Yes ___ No ___	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____

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Employment History

List below all present and past employment starting with your most recent employer (last five years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume.

Name of Employer

Telephone No.

Type of Business

Your Supervisor's Name

Address & Street

City

State

Zip

Dates of Employment: _____
From To

Your Position and Duties

Reason for Leaving

May we contact this employer for a reference?..... Yes No

Name of Employer

Telephone No.

Type of Business

Your Supervisor's Name

Address & Street

City

State

Zip Code

Dates of Employment: _____
From To

Your Position and Duties

Reason for Leaving

May we contact this employer for a reference?..... Yes No

Note: Attach additional pages(s) if necessary.

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References

List below three persons not related to you who have knowledge of your work performance within the last three years.

_____	_____	(____)____-_____	
First Name	Last Name	Telephone No.	
_____	_____	_____	_____
Address & Street	City	State	Zip Code
_____	_____		
Occupation	No. of Years Acquainted		

_____	_____	(____)____-_____	
First Name	Last Name	Telephone No.	
_____	_____	_____	_____
Address & Street	City	State	Zip Code
_____	_____		
Occupation	No. of Years Acquainted		

_____	_____	(____)____-_____	
First Name	Last Name	Telephone No.	
_____	_____	_____	_____
Address & Street	City	State	Zip Code
_____	_____		
Occupation	No. of Years Acquainted		

Please Read Carefully, Initial Each Paragraph and Sign Below

_____ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances
Initials for employment and that the answers given by me are true and correct to the best of my knowledge. I
further certify that I, the undersigned applicant, have personally completed this application. I understand
that any omission or misstatement of material fact on this application or on any document used to secure
employment shall be grounds for rejection of this application or for immediate discharge if I am employed,
regardless of the time elapsed before discovery.

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_____ I hereby authorize The City of Alturas to thoroughly investigate my references, work record, education
Initials and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the City of Alturas any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the City of Alturas my former employers and all persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

_____ I understand that nothing contained in the application, or conveyed during any interview which may
Initials be granted or during my employment, if hired, is intended to create an employment contract between me and the City of Alturas. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the City of Alturas, and that no promises or representations contrary to the foregoing are binding on the City of Alturas unless made in writing and signed by me and the City of Alturas's designated representative.

_____ Should a search of public records (including records documenting an arrest, indictment, conviction,
Initials civil judicial action, tax lien or outstanding judgment) be conducted by internal personnel employed by the City of Alturas, I am entitled to copies of any such public records obtained by the City of Alturas unless I mark the check box below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below.

I waive receipt of a copy of any public record described in the paragraph above.

Date

Applicant's Signature

NOTE: MINORS UNDER 18 YEARS OF AGE MUST ATTEND SCHOOL TO GET A WORK PERMIT. MINORS AGED 14 THROUGH 17 ARE REQUIRED TO GET WORK PERMITS BEFORE STARTING A JOB.

IF A STUDENT GRADUATES FROM HIGH SCHOOL BEFORE 18, HE/SHE NO LONGER NEEDS A WORK PERMIT.