



305 N. Mt. Shasta Boulevard
Mt. Shasta, California 96067
(530) 926-7510 FAX (530) 926-1342

EMPLOYMENT APPLICATION

PERSONAL INFORMATION

DATE _____

NAME _____
Last First Middle

ADDRESS _____
Street City State Zip

HOME PHONE (____) _____ CELL (____) _____ EMAIL _____

REFERRED BY _____

Are you currently related to anyone working for the City of Mt. Shasta? Yes ___ No ___

If yes, please provide name, your relationship, and the City Department where they work:

Name of Relative Relationship City Department

EMPLOYMENT INFORMATION

POSITION APPLIED FOR _____

DATE YOU CAN START _____ SALARY DESIRED _____

ARE YOU CURRENTLY EMPLOYED? Yes ___ No ___

EDUCATION AND TRAINING

HIGH SCHOOL GRADUATE? Yes ___ No ___ _____
Name of High School

Address

RECEIVED GED? Yes ___ No ___ _____
Name of Institution

Address

EDUCATION AND TRAINING (Continued)

Name/Location of Trade or Vocational Schools, Colleges, Universities, Apprentice or Training Programs Attended	List Degrees Or Certificates Earned	Graduated		Major
		Yes	No	

If this position requires a specific license or certificate, please complete:

Certificate of Training or Professional Registration	License Or Registration No.	Date Issued/Expires

If this position requires typing skills, please indicate speed: _____ WPM (Typing certificate may be required.)

COMPUTER SKILLS: List programs in which you are proficient.

SUBJECTS OF SPECIAL STUDY, TRAINING, OR RESEARCH

ACTIVITIES (Civic, Athletic, etc.): Exclude organizations, the name or character of which indicates the race, creed, sex, marital status, age, color, or national origin of its members.

FORMER EMPLOYERS List all periods of employment and unemployment starting with present employment working backwards. Indicate any discharge or forced resignation. List periods of U.S. Military Service and previous service with the City of Mt. Shasta regardless of when they occurred. List different positions with the same employer separately. Give complete information. A RESUME DOES NOT SUBSTITUTE FOR THIS SECTION. If you need more space you can attach additional pages.

Employer Name/Address		Duties of Position		
From	To	Title	Hours Worked Per Week	Number of Employees Supervised
Name/Title of Supervisor		Telephone Number ()		
Reason for Leaving?			Salary \$	
			<input type="checkbox"/> Hour <input type="checkbox"/> Month <input type="checkbox"/> Week	
Currently Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, may we contact present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, phone number:				

FORMER EMPLOYERS (CONTINUED)

Employer Name/Address		Duties of Position		
From	To	Title	Hours Worked Per Week	Number of Employees Supervised
Name/Title of Supervisor			Telephone Number ()	
Reason for Leaving?			Salary \$ <input type="checkbox"/> Hour <input type="checkbox"/> Month <input type="checkbox"/> Week	

Employer Name/Address		Duties of Position		
From	To	Title	Hours Worked Per Week	Number of Employees Supervised
Name/Title of Supervisor			Telephone Number ()	
Reason for Leaving?			Salary \$ <input type="checkbox"/> Hour <input type="checkbox"/> Month <input type="checkbox"/> Week	

FORMER EMPLOYERS (CONTINUED)

Employer Name/Address		Duties of Position		
From	To	Title	Hours Worked Per Week	Number of Employees Supervised
Name/Title of Supervisor			Telephone Number ()	
Reason for Leaving?			Salary \$ <input type="checkbox"/> Hour <input type="checkbox"/> Month <input type="checkbox"/> Week	

REFERENCES

Give the names and contact information of three persons not related to you, whom you have known at least one year.

Name	Address	Relationship	Number of Years	Phone Number

Conditions of Employment

Before date of hire, applicant may be required to pass a physical examination and will be required to submit proof of U.S. Citizenship or legal right to remain and work in the U.S., submit proof of age, and be fingerprinted.

Please insert any additional information in your application which you feel will help us in our evaluation of your qualifications. Before you submit your application to the Human Resources Department, recheck your application to make sure that it is correct and complete. Thank you for your interest in employment with the City of Mt. Shasta.

By signing, I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal.

SIGNED _____ DATE _____

This application expires one year from the date it was signed by the applicant.