



C I T Y O F C H O W C H I L L A

EMPLOYMENT APPLICATION

Thank you for considering employment with the City of Chowchilla. An Equal Opportunity Employer, the City of Chowchilla provides equal employment opportunity to all persons regardless of sex, race, marital status, religion, ancestry, color, national origin, political affiliation, disability, age, sexual orientation or other non-merit related reason.

Name _____ Date: _____

Position Applying For (REQUIRED): _____

- IMPORTANT -

THE CITY OF CHOWCHILLA ONLY ACCEPTS APPLICATIONS FOR OPEN POSITIONS. IF AN APPLICATION IS RECEIVED FOR A POSITION THAT IS NOT OPEN IT WILL BE REJECTED.

INSTRUCTIONS:

- Answer **all questions** by writing clearly or typing. **Provide enough detail** to allow for full review and consideration. Your application will be evaluated as part of the recruitment process.
- A resume or other materials may be attached but **are not to be in lieu of completing the application form**.
- Make sure you **sign your application** and submit any additional materials, e.g. typing certificate, with your application **if the job announcement calls for any**. Applications and materials will not be returned and will become the property of the City of Chowchilla.
- Use a separate application when applying for more than one position.
- Inquiry may be made of your former and current employers or schools you attended regarding your performance records. Please provide the name and phone number of each supervisor on your form.
- **Please notify Administrative Services if you change your address or phone number.**

City of Chowchilla

Human Resources Department - 130 S. Second St., Chowchilla CA 93610
Telephone: (559) 665-8615 Website: www.CityOfChowchilla.org



**APPLICATION FOR EMPLOYMENT
CITY OF CHOWCHILLA**
HUMAN RESOURCES DEPARTMENT
130 S. SECOND ST., CHOWCHILLA CA 93610
(559) 665-8615
www.CityOfChowchilla.org
An Equal Opportunity Employer

POSITION/TITLE _____

FOR PERSONNEL USE ONLY

NAME _____

DATE RECEIVED _____

EMAIL _____

RECEIVED BY _____

ADDRESS _____

NUMBER _____ STREET _____

INTERVIEW _____

PHONE: HOME (____) _____ CELL (____) _____ BUSINESS (____) _____
CITY STATE ZIP

MAY WE CONTACT YOU AT YOUR BUSINESS NUMBER? YES NO

OTHER _____

NOTE: THIS APPLICATION MAY BE CONSIDERED A PART OF YOUR TEST FOR THIS JOB. FILL OUT CAREFULLY AND COMPLETELY.

EXPERIENCE: LIST THE POSITIONS YOU HAVE HELD STARTING WITH YOUR CURRENT OR MOST RECENT POSITION. PLEASE GIVE ENOUGH INFORMATION TO ALLOW FOR REVIEW AND EVALUATION OF YOUR WORK EXPERIENCE AND ABILITIES. INCLUDE PAID OR UNPAID, FULL OR PART-TIME, MILITARY, SUMMER JOBS ETC.

RESUMES NOT ACCEPTED IN LIEU OF CITY APPLICATION

FROM: MO. ____ /YR. ____

FULL TIME

EMPLOYER'S NAME _____

TO MO. ____ /YR. ____

PART TIME

ADDRESS _____ CITY _____

HR.S PER WEEK _____

SUPERVISOR'S NAME/PHONE _____

POSITION TITLE _____ DUTIES _____

NUMBER OF
EMPLOYEES SUPERVISED _____ REASON FOR LEAVING _____

FROM: MO. ____ /YR. ____

FULL TIME

EMPLOYER'S NAME _____

TO MO. ____ /YR. ____

PART TIME

ADDRESS _____ CITY _____

HR.S PER WEEK _____

SUPERVISOR'S NAME/PHONE _____

POSITION TITLE _____ DUTIES _____

NUMBER OF
EMPLOYEES SUPERVISED _____ REASON FOR LEAVING _____

FROM: MO. ____ /YR. ____

FULL TIME

EMPLOYER'S NAME _____

TO MO. ____ /YR. ____

PART TIME

ADDRESS _____ CITY _____

HR.S PER WEEK _____

SUPERVISOR'S NAME/PHONE _____

POSITION TITLE _____ DUTIES _____

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EMPLOYEES SUPERVISED _____ REASON FOR LEAVING _____



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130 S. SECOND ST., CHOWCHILLA CA 93610

FROM: MO. _____ /YR. _____ FULL TIME PART TIME EMPLOYER'S NAME _____
TO MO. _____ /YR. _____ H.R.S PER WEEK ADDRESS _____ CITY _____
SUPERVISOR'S NAME/PHONE _____

POSITION TITLE _____ DUTIES _____

NUMBER OF
EMPLOYEES SUPERVISED _____ REASON FOR LEAVING _____

EDUCATION:

LAST SCHOOL ATTENDED BELOW COLLEGE LEVEL _____ HIGHEST GRADE COMPLETED _____

DID YOU GRADUATE FROM HIGH SCHOOL? No Yes NAME / LOCATION _____
Do You Have a GED CERTIFICATE? No Yes NAME / LOCATION _____

COLLEGE OR UNIVERSITY NAME AND LOCATION	COURSE OR MAJOR	UNITS ACCUMULATED	DID YOU GRADUATE ?	DEGREE	LAST YEAR ATTENDED

BUSINESS, TECH, TRADE OR NIGHTSCHOOL	COURSE	DATES	UNITS ACCUMULATED	COMPLETED

POST ACADEMY	CERTIFICATE	DATES	UNITS ACCUMULATED	COMPLETED

CERTIFICATES, LICENSES, OR MEMBERSHIPS:

Do You Have a VALID CALIFORNIA DRIVER'S LICENSE?: Yes NUMBER _____ CLASS _____ No If No, CAN YOU PROVIDE ONE IF HIRED? _____
FOREIGN LANGUAGES: SPEAK _____ READ _____

Do You Have ANY PHYSICAL LIMITATIONS WHICH WOULD PREVENT YOU FROM PERFORMING THE ESSENTIAL FUNCTIONS OF THE POSITION, WITH OR WITHOUT REASONABLE ACCOMMODATION? Yes No

IF YOU NEED REASONABLE ACCOMMODATIONS IN THE RECRUITMENT PROCESS, PLEASE SPECIFY: _____

Can You MEET THE ATTENDANCE REQUIREMENTS OF THIS JOB? Yes No



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Have you ever been in the military? No YES Branch _____ Dates: _____

Are you related to any present employees of the City of Chowchilla? No YES

If yes, please list name and relationship _____

Have you ever worked for the City of Chowchilla before? No YES

If YES, when and what position: _____

Clerical Skills: Typing _____ W.P.M. List Software Programs Used: _____

Other Skills (specify): _____

Are you willing to work: Full Time? No YES Part Time? No YES Temporary? No YES

If you are under 18 years of age, do you have a valid work permit? No YES

CERTIFICATE OF APPLICANT (Read carefully before signing)

I hereby certify that all statements are true and correct. I agree and understand that any misstatement or omission of material facts herein may cause forfeiture on my part of all eligibility to any employment in the service of the City of Chowchilla. I understand that, if hired, my employment will be "at will"; that is, that the City or I can terminate my employment at any time, with or without notice, and with or without cause. YOU WILL BE REQUIRED TO SUBMIT VERIFICATION OF YOUR IDENTITY AND CITIZENSHIP OR LEGAL RIGHT TO WORK IN THE UNITED STATES AT THE TIME OF AND AS A CONDITION OF EMPLOYMENT.

Any material submitted during the application process becomes the property of the City of Chowchilla. Applicants who wish to retain copies must make their prior to submitting the materials.

Signature: _____

Date: _____

APPLICATION WILL NOT BE ACCEPTED WITHOUT ORIGINAL SIGNATURE