



CITY OF SHASTA LAKE EMPLOYMENT APPLICATION

This Institution is an Equal Opportunity Employer

Incomplete information could disqualify you from further consideration. Please complete all fields. Application must be typed or printed and signed in ink. Use black or dark blue ink.
DO NOT USE PENCIL.

Return completed application to:
City of Shasta Lake
Personnel Department
P.O. Box 777
1650 Stanton Drive
Shasta Lake, CA 96019
(530) 275-7400
kdavis@cityofshastalake.org

Position applied for:	Expected Rate of Pay:
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Name:		
<small>LAST</small>	<small>FIRST</small>	<small>MI</small>

Address:			
<small>STREET</small>	<small>CITY</small>	<small>STATE</small>	<small>21P</small>

Mailing Address:			
<small>STREET</small>	<small>CITY</small>	<small>STATE</small>	<small>21P</small>

Home Phone No.: () -	<small>AREA CODE</small>	<small>NUMBER</small>	Mobile Phone No.: () -	<small>AREACOOE</small>	<small>NUMBER</small>
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Email Address:	
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	Yes	No
If you are hired, can you submit proof of right to work in the United States?		
Are you at least 18 years of age?		
Have you been discharged or forced to resign a position? (If yes, please explain circumstances below.)		
Were you previously employed by the City of Shasta Lake? (List under what name and year below.)		

Do you have any relatives working for the City of Shasta Lake? (List names, relationship and department below.)

Do you possess any license, permit, certificates or any other experiences, skills or qualifications which you feel would especially meet the requirements as stated on the job announcement?
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Describe:

PERSONNEL DEPARTMENT ONLY	
	Application Received by:
	Initial
	Date

If you are attaching a resume, please read: In order for your application to be considered, the following section **MUST** be completed. A resume **MAY** be attached, but **WILL NOT** be acceptable in lieu of this section. List below all present and past employment **FOR THE LAST 10 YEARS** beginning with your most recent. Explain gaps between employment periods. If more space is needed, use a separate sheet prepared in the same format and attach securely. Incomplete information **MAY** result in disqualification.

DATES Month-Year	PRESENT	Company	Position held	
From		Mailing Address	Your supervisor's name and title	
To	OR	City State Zip Code	Reason for leaving	Phone No. ()
May we contact? __Yes __No	LAST POSITION	Your Duties		Hours per week _____
DATES Month-Year	NEXT	Company	Position held	
From		Mailing Address	Your supervisor's name and title	
To	PREVIOUS	City State Zip Code	Reason for leaving	Phone No. ()
May we contact? __Yes __No	PREVIOUS POSITION	Your Duties		Hours per week _____
DATES Month-Year	NEXT	Company	Position held	
From		Mailing Address	Your supervisor's name and title	
To	PREVIOUS	City State Zip Code	Reason for leaving	Phone No. ()
May we contact? __Yes __No	PREVIOUS POSITION	Your Duties		Hours per week _____
DATES Month-Year	NEXT	Company	Position held	
From		Mailing Address	Your supervisor's name and title	
To	PREVIOUS	City State Zip Code	Reason for leaving	Phone No. ()
May we contact? __Yes __No	PREVIOUS POSITION	Your Duties		Hours per week _____

School	Name and Address of School	Course of Study	Credits Earned		Diploma or Degree	Grade Point Average
			Quarter Units	Semester Units		
High						
College						
Other (Specify) Business Trade, etc.						

THE CITY OF SHASTA LAKE IS AN EQUAL OPPORTUNITY EMPLOYER. THE CITY DOES NOT DISCRIMINATE IN EMPLOYMENT ON ACCOUNT OF RACE, COLOR, RELIGION, NATIONAL ORIGIN, CITIZENSHIP STATUS, ANCESTRY, AGE, SEX (INCLUDING SEXUAL HARASSMENT), SEXUAL ORIENTATION, MARITAL STATUS, PHYSICAL OR MENTAL DISABILITY, MILITARY STATUS OR UNFAVORABLE DISCHARGE FROM MILITARY SERVICE. I HEREBY CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION AND ACCOMPANYING MATERIALS ARE COMPLETE, ACCURATE AND TRUE TO THE BEST OF MY KNOWLEDGE. I AGREE AND UNDERSTAND THAT ANY OMISSIONS OR MISSTATEMENTS OF MATERIAL FACTS CONTAINED IN THE APPLICATION MAY CAUSE ME TO FORFEIT ALL RIGHTS TO EMPLOYMENT WITH THE CITY OF SHASTA LAKE. I UNDERSTAND THAT THE INFORMATION PROVIDED BY ME WILL BE VERIFIED. I AUTHORIZE THE RELEASE OF PERTINENT INFORMATION TO THE CITY BY EMPLOYERS AND EDUCATIONAL FACILITIES. THIS APPLICATION WILL BE GOOD FOR 180 DAYS.

Signature of Applicant _____ (Use ink, required for application to be completed) Date _____