

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

P.O. Box 777
4477 Main Street
Shasta Lake, CA 96019
(530) 275-7400
kdavis@cityofshastalake.org

Position Applied For:	d For: Expected Rate of Pay:					
Name:						
LAST FIRST	MI					
Address: STREET	CITY	STATE	21	P		
Mailing Address:						
STREET	CITY	STATE	21	IP		
Home Phone No.: () -	Mobile Phone No.: () - NUMBER				
Email Address:						
			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 positi						
Were you previously employed by the City of Shasta I	Lake? (List under what name and year below.	.)				
Do you have any relatives working for the City of Shas	sta Lake? (List names, relationship and depa	rtment below.)				
Do you possess any license, permit, certificates or an requirements as stated on the job announcement?	y other experiences, skills or qualification	ns which you feel	would especia	ally meet the		
Describe:						
		PERSONNEL	DEPARTME	NT ONLY		
		А	pplication Re	ceived by:		
			nitial			
			ate			

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	
То	OR	City	State	Zip Code	Reason for leaving	Phone No. ()
May we contact?Yes	LAST	Your Duties			1	Hours per week
No	POSITION					
DATES Month-Year		Company			Position held	
From	NEXT	Mailing address			Your supervisor's name and title	
То	PREVIOUS	City	State	Zip Code	Reason for leaving	Phone No. ()
May we contact?Yes	POSITION	Your duties				Hours per week
No	POSITION					
DATES Month-Year		Company			Position held	
From	NEXT	Mailing address			Your supervisor's name and title	
Го	PREVIOUS	City	State	Zip Code	Reason for leaving	Phone No. ()
May we contact?Yes	POSITION	Your duties				Hours per week
No	POSITION					
DATES Month-Year		Company			Position held	
From	NEXT	Mailing address			Your supervisor's name and title	
Го	PREVIOUS	City	State	Zip Code	Reason for leaving	Phone No. ()
May we contact?Yes		Your duties			1	Hours per week
No	POSITION					

			Credits Earned		Diploma or Degree	Grade Point Average
School Name and Address of School	Course of Study	Quarter Units	Semester Units			
			Ullits	Office		
High						
College						
Other						
(Specify)	1					
Business	1					
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