

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 _____