

When Completed Mail to:

City of Nevada City
317 Broad Street
Nevada City, CA 95959
Ph (530) 265-2496
Fax (530) 265-0187



EMPLOYMENT APPLICATION

Applications will be processed **ONLY** for vacant positions submitted prior to closing date. Resumes will not be accepted in lieu of completed application forms. Incomplete applications will be rejected.

PRINT OR TYPE-PLEASE SEE INSTRUCTIONS ON BACK PAGE

APPLICANT'S NAME (Last) _____ (First) _____ (M.I.) _____			SOCIAL SECURITY NUMBER _____
MAILING ADDRESS (Number) _____ (Street) _____	E-MAIL ADDRESS _____		WORK TELEPHONE NUMBER _____
(City) _____ (County) _____	(State) _____	(Zip Code) _____	HOME TELEPHONE NUMBER _____
JOB TITLE FOR WHICH YOU ARE APPLYING _____			PERSONNEL USE ONLY

ANSWER THE FOLLOWING QUESTIONS:

1. Can you perform the essential duties of the job as listed on the job announcement? (If NO, give details) Yes No

2. Do you need reasonable accommodation to take an interview or written test? Yes No
3. Do your religious beliefs prevent your from having an interview on weekend? Yes No
4. Have you been employed by the City of Nevada City previously? (If "YES", fill in the information below) Yes No
 Department: _____ Position: _____
5. Have you ever been dismissed or terminated from any position for performance or other disciplinary reasons? (Applicants whose dismissal or terminations were overturned, withdrawn [unilaterally or as part of a settlement] or revoked need not answer "Yes".) If "Yes" to Question #5, give details in the space provided below, and refer to the instructions for further information. Yes No
6. In addition to English, list any other languages you:
 - a. possess verbal fluency in _____
 - b. possess written fluency in _____
7. I certify I can type at a speed of _____ words per minute. (For typing applicants only.)
(Answer Questions 8, 9, and/or 11 ONLY if the examination indicates they are required.)
8. Do you possess a valid California Driver License? (if "Yes", fill in the information below.) Yes No
 License # _____ Class _____ Restrictions _____
9. Have you been convicted as an adult for any violation of the law? (Provide dates, location(s), and penalties. Exclude traffic violations under \$150 and convictions more than two years old for marijuana-related violations of any of the following sections of the California Health and Safety Code: 11357(b) or (c), 11360(b), 11364, 11365, or 11550. Conviction is not necessarily a bar to employment. Each case will be given individual consideration. Failure to list all convictions other than those excluded above may disqualify you from further consideration. If YES, explain below.) Yes No
10. Are you under 18 years of age? Yes No
11. Are you related by blood or marriage to any person presently employed by the City of Nevada City? Yes No
12. Have you ever been convicted by any court of a misdemeanor crime of domestic violence? Yes No

EXPLANATIONS:

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APPLICANT'S NAME (Last) (First) (M.I.) SOCIAL SECURITY NUMBER

13. EDUCATION

DID YOU GRADUATE FROM HIGH SCHOOL? IF NOT, DO YOU POSSESS A GED OR EQUIVALENT? IF NOT, ENTER THE HIGHEST GRADE YOU COMPLETED:
 YES NO YES NO

UNIVERSITY OR COLLEGE - NAME AND LOCATION, BUSINESS, CORRESPONDENCE, TRADE OR SERVICE SCHOOL	COURSE OF STUDY	UNITS COMPLETED		DIPLOMA, DEGREE OR CERTIFICATE OBTAINED	DATE COMPLETED
		SEMESTER	QUARTER		

14. LIST BELOW VALID LICENSES, CERTIFICATES OF PROFESSIONAL OR VOCATIONAL COMPETENCE, OR MEMBERSHIP IN PROFESSIONAL ASSOCIATIONS CALLED FOR IN THIS EXAMINATION ANNOUNCEMENT.

LICENSE/CERTIFICATION NUMBER	DATE ADMITTED	EXPIRATION DATE	IN THE SPACE BELOW, INDICATE SPECIFIC COURSE REQUIREMENTS NEEDED TO SATISFY REQUIREMENTS FOR THIS EXAMINATION

15. EMPLOYMENT HISTORY- May we contact your current employer? Yes No (Be advised if you become a finalist for the position, we *must* contact your employer.)

EXPERIENCE – Be careful to include the following when filling in the spaces below:
 1. Show your jobs in reverse order with the present job first.
 2. Use a separate block for each job title (even those with the Same employer).
 3. Show all employment for the past 10 years.
 4. Account for periods of unemployment in excess of 90 days.
 5. Please use additional sheets if necessary to describe job duties.
 6. Keep in mind - your acceptance depends on the completeness and applicability of the information shown.
 7. Show exact job title and specific duties you performed.

FROM (M/D/Y)	TO (M/D/Y)	JOB TITLE/CLASSIFICATION (Include Range or Level, if applicable)	
HOURS PER WEEK	TOTAL WORKED (Years/Months)	COMPANY /STATE AGENCY NAME	SUPERVISOR
SALARY EARNED	ADDRESS		
\$ PER	DUTIES PERFORMED		

REASON FOR LEAVING

FROM (M/D/Y)	TO (M/D/Y)	JOB TITLE/CLASSIFICATION (Include Range or Level, if applicable)	
HOURS PER WEEK	TOTAL WORKED (Years/Months)	COMPANY /STATE AGENCY NAME	SUPERVISOR
SALARY EARNED	ADDRESS		
\$ PER	DUTIES PERFORMED		

REASON FOR LEAVING

FROM (M/D/Y)	TO (M/D/Y)	JOB TITLE/CLASSIFICATION (Include Range or Level, if applicable)	
HOURS PER WEEK	TOTAL WORKED (Years/Months)	COMPANY /STATE AGENCY NAME	SUPERVISOR
SALARY EARNED	ADDRESS		
\$ PER	DUTIES PERFORMED		

REASON FOR LEAVING

Certificate of Applicant (Read this statement carefully before signing):

These answers are true and complete to the best of my knowledge. The City may investigate all statements contained in this application, and I understand that any false or misleading information provided during the application or interview process will result in withdrawal from consideration for employment or potential disciplinary action if I am hired, regardless of when discovered. I understand that this application is not a contract of employment. I also understand that certain positions with the City are "at will" positions which means the employment relationship between myself and the City is terminable-at-will so that both the City and I remain free to choose to end our work relationship at any time for any or no reason. I also understand that any offer of employment may be conditioned upon a health evaluation by a doctor selected by the City to determine whether I can perform the essential job functions. In addition, I understand a drug or alcohol test may be required depending on City policy. I authorize the City to make a thorough investigation of my past employment, education and job-related activities, and I release from liability all persons, companies and corporations supplying such information. I also indemnify the City against any liability, which might result from making such investigation. Additionally, I authorize the City to supply my employment record, at its sole discretion, in whole or in part to any prospective employer, government agency, or other party with an interest the City deems appropriate.

NOTE: Applicants are considered for all open positions, and employees are treated during employment, without regard to race, color, religion, gender, national origin, age, physical mental, disability, medical condition, or any other prohibited basis of discrimination, as provided under applicable state or federal law. Federal law obligates us to provide reasonable accommodation to the known disabilities of applicants, unless to do so would pose an undue hardship. Please notify us in advance if you need any accommodation to complete the application process. A physician's note may be required.

SIGNATURE

DATE

REFERENCES: (Must be persons over 21 years of age who have known you for more than one year and are not related to you by blood or marriage.)

NAME: _____ Address: _____ Phone: _____

NAME: _____ Address: _____ Phone: _____

NAME: _____ Address: _____ Phone: _____