

When Completed Mail to or Drop off at:
 City of Nevada City
 317 Broad Street, Nevada City, CA 95959
 Ph (530) 265-2496 Fax (530) 265-0187



**PARKS & RECREATION
 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

APPLICANT'S NAME (Last) _____ (First) _____ (M.I.) _____		
MAILING ADDRESS (Number) _____ (Street) _____	E-MAIL ADDRESS _____	HOME TELEPHONE NUMBER _____
(City) _____ (State) _____ (Zip Code) _____		ALTERNATE TELEPHONE NUMBER(S) _____

JOB TITLE FOR WHICH YOU ARE APPLYING: _____

ANSWER THE FOLLOWING QUESTIONS:

- Can you perform the essential duties of the job as listed on the job description? (If NO, attach details) Yes No
- Do you need reasonable accommodation to take an interview or written test? Yes No
- Do your religious beliefs prevent your from having an interview on a weekend?..... Yes No
- Have you been employed by the City of Nevada City previously? (If "YES", fill in the information below)..... Yes No
 Department: _____ Position: _____
- 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 (Applicants whose dismissal or terminations were overturned, withdrawn [unilaterally or as part of a settlement] or revoked need not answer "Yes".)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, attach details. Yes No
- Do you possess a valid California Driver License? (if "Yes", fill in the information below.)..... Yes No
 License # _____ Class _____ Restrictions _____
- 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, attach explanation. Yes No
- Do you meet the age requirement for the position that you are applying for? Yes No

9. EDUCATION

DID YOU GRADUATE FROM HIGH SCHOOL OR HAVE A GED OR EQUIVALENT? YES NO ENTER THE HIGHEST GRADE YOU COMPLETED OR YEAR YOU WILL GRADUATE: _____

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		

10. LIST BELOW VALID CERTIFICATES OF TRAINING. ATTACH COPIES OF ALL CERTIFICATES (FRONT & BACK).

CERTIFICATION	DATE ADMITTED	EXPIRATION DATE	CERTIFICATION	DATE ADMITTED	EXPIRATION DATE

11. 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: _____	Relationship: _____	Phone: _____
Name: _____	Relationship: _____	Phone: _____
Name: _____	Relationship: _____	Phone: _____

12. 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. Keep in mind - your acceptance depends on the completeness and applicability of the information shown.

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		PHONE #	
\$	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		PHONE #	
\$	PER		
DUTIES PERFORMED			

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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		PHONE #	
\$	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. 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 or 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.

APPLICANT SIGNATURE

DATE