



# City of Nevada City

## EMPLOYMENT APPLICATION

City of Nevada City  
 317 Broad Street  
 Nevada City, CA 95959  
 Ph (530) 265-2496 x129  
 Fax (530) 265-0187  
 email to:  
 dawn.zydonis@nevadacityca.gov

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.)	BEST PHONE # TO CONTACT APPLICANT
MAILING ADDRESS (Number)	(Street)	E-MAIL ADDRESS	HOME TELEPHONE NUMBER
(City)	(County)	(State)	(Zip Code)

JOB TITLE FOR WHICH YOU ARE APPLYING:

**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. Have you been employed by the City of Nevada City previously? (If "YES", fill in the information below)  Yes  No  
 Department: \_\_\_\_\_ Position: \_\_\_\_\_
3. 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 (Applicants whose dismissal or terminations were overturned, withdrawn [unilaterally or as part of a settlement] or revoked need not answer "Yes".)  Yes  No  
 If "Yes" to Question #5, give details in the space provided below, and refer to the instructions for further information.
4. In addition to English, list any other languages you:
  - a. possess verbal fluency in \_\_\_\_\_
  - b. possess written fluency in \_\_\_\_\_
5. Are you related by blood or marriage to any person presently employed by the City of Nevada City? .....  Yes  No

**6. EDUCATION**

DID YOU GRADUATE FROM HIGH SCHOOL?	IF NOT, DO YOU POSSESS A GED OR EQUIVALENT?	IF NOT, ENTER THE HIGHEST GRADE YOU COMPLETED:			
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> 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		

**7. 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

