

APPLICATION FOR EMPLOYMENT

CITY OF FORTUNA

621 Eleventh Street • P.O.Box 545 Fortuna, CA 95540 • Phone (707) 725-7600
Fax (707) 725-7610

The City of Fortuna considers applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

Upon request, applications may be made available in alternative accessible formats, as is assistance in completing the application. If you need special assistance in order to participate in the testing and interview process, please advise the Personnel Office at least 48 hours prior to your appointment so that the City may make reasonable arrangements to assure accessibility.

(PLEASE PRINT)

Position Applied For:	Date:
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PERSONAL INFORMATION

Last Name	First Name	Middle Name
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Address	City	State/Zip
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Mailing Address (if different)	City	State/Zip
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Telephone Number(s)	E-mail Address
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If you are under 18 years of age, can you provide proof of your eligibility to work? Yes No

Have you ever filed an application with the City of Fortuna before? Give date: _____ Yes No

Have you ever been employed with the City of Fortuna before? Give date: _____ Yes No

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Proof of citizenship or immigration status will be required upon employment. Yes No

On what date would you be available for work? Give date: _____

Are you available to work: Full Time Part Time Shift Work Temporary

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender; national origin, disabilities or other protected status. Do not substitute this section with resume.

Employer	Dates Employed:	From:	To:
Address	Work Performed:		
Telephone Number(s)			
Job Title / Supervisor			
Reason for Leaving			
Employer	Dates Employed:	From:	To:
Address	Work Performed:		
Telephone Number(s)			
Job Title / Supervisor			
Reason for Leaving			
Employer	Dates Employed:	From:	To:
Address	Work Performed:		
Telephone Number(s)			
Job Title / Supervisor			
Reason for Leaving			
Employer	Dates Employed:	From:	To:
Address	Work Performed:		
Telephone Number(s)			
Job Title / Supervisor			
Reason for Leaving			

If you need additional space, please continue on a separate sheet of paper.

EDUCATION

	Name & Address of School	Course of Study	Years Completed	Diploma/Degree
High School				
Undergraduate College				
Graduate Professional				
Other (specify)				
Describe any specialized training including military training, apprenticeship, skills and job-related extra-curricular activities.				

REFERENCES

(1) Name	Phone Number ()
Address	
(2) Name	Phone Number ()
Address	
(3) Name	Phone Number ()
Address	

APPLICANT'S STATEMENT

I certify that the answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I understand that a credit or consumer report may be part of this investigation. I further understand that I have the right to make a written request, within a reasonable time, for a complete and accurate disclosure of information about the nature and scope of such investigation.

I understand that as a condition of employment I may be required prior to and during employment to take and pass medical and psychological tests including drug and alcohol screenings.

In the event of employment, I understand that false or misleading information given in my application or interview may result in discharge.

I understand that, if hired, I will be required to abide by all rules and regulations of the City of Fortuna.

Signature of Applicant

Date