



CITY OF REEDLEY

1717 NINTH STREET
 REEDLEY, CA 93654
 PHONE (559) 637-4200

WWW.REEDLEY.COM

EMPLOYMENT APPLICATION

INSTRUCTIONS: Please read the instructions carefully and apply only if you feel reasonably certain that you meet the minimum qualifications. Answers on this form will be evaluated. Clearly state your qualifications which meet the requirements for the job. Fill out the form completely. If a question does not apply to you, write N/A. Attach additional sheets if necessary.

Applying for Position of:			
Name:	_____	_____	_____
	<small>Last Name</small>	<small>First Name</small>	<small>Middle</small>
Mailing Address:	_____		
	<small>Street</small>	<small>Apt #</small>	<small>City</small>
			<small>State</small>
			<small>Zip Code</small>
Telephone:	() _____	() _____	() _____
	<small>Home</small>	<small>Business</small>	<small>Cell</small>
Email Address:	_____		
	Do you prefer email communication? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Driver's License Number: _____	State: _____	Have you ever had a drivers license revoked or suspended?
Expiration Date: _____	Class: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? _____

WORK EXPERIENCE

LIST MOST RECENT EMPLOYMENT FIRST

Start Date:	Hours Worked:
End Date:	Salary per month:
Employer:	
Job Title:	
Supervisor:	Phone Number:
Job Duties:	

Reason for Leaving:

Employer Address:

Start Date:	Hours Worked:
End Date:	Salary per month:
Employer:	
Job Title:	
Supervisor:	Phone Number:
Job Duties:	

Reason for Leaving:

Employer Address:

WORK EXPERIENCE (CONT'D)

Start Date:	Hours Worked:
End Date:	Salary per month:
Employer:	
Job Title:	
Supervisor:	Phone Number:
Job Duties:	
Reason for Leaving:	
Employer Address:	

Start Date:	Hours Worked:
End Date:	Salary per month:
Employer:	
Job Title:	
Supervisor:	Phone Number:
Job Duties:	
Reason for Leaving:	
Employer Address:	

EDUCATION

Did you graduate from high school, pass the State High School Equivalency Exam, or do you possess a G.E.D. or High School level Certificate?

 Yes

 No

If Yes, please complete Education portion below:

HIGH SCHOOL

Country:	State:
School:	Major:
Level Achieved:	Total Hours or Units:
Graduated: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Issued:

SECONDARY

Country:	State:
School:	Major:
Degree:	Total Hours or Units:
Graduated: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Issued:

POST SECONDARY

Country:	State:
School:	Major:
Degree:	Total Hours or Units:
Graduated: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Issued:

PROFESSIONAL TRAINING

Course Title:	Training Facility:	Start Date:

LICENSES/CERTIFICATES

License/Certificate:	Issuing State:	License/Certification #:	Date Issued/Expiration Date:

LANGUAGES**ADD LANGUAGE PROFICIENCY IN ADDITION TO ENGLISH**

Language:			
Speaking Proficiency:	<input type="checkbox"/> Low	<input type="checkbox"/> Medium	<input type="checkbox"/> High
Reading Proficiency:	<input type="checkbox"/> Low	<input type="checkbox"/> Medium	<input type="checkbox"/> High
Writing Proficiency:	<input type="checkbox"/> Low	<input type="checkbox"/> Medium	<input type="checkbox"/> High

ADD LANGUAGE PROFICIENCY IN ADDITION TO ENGLISH

Language:			
Speaking Proficiency:	<input type="checkbox"/> Low	<input type="checkbox"/> Medium	<input type="checkbox"/> High
Reading Proficiency:	<input type="checkbox"/> Low	<input type="checkbox"/> Medium	<input type="checkbox"/> High
Writing Proficiency:	<input type="checkbox"/> Low	<input type="checkbox"/> Medium	<input type="checkbox"/> High

HONORS/AWARDS**LIST HONORS AND AWARDS**

Honor or Award:
Presented By:
Date Issued:

Honor or Award:
Presented By:
Date Issued:

ADD REFERENCE**PROVIDE AT LEAST THREE (3) REFERENCES**

Reference Type:	Reference Name:
Title:	Employer:
Telephone:	Country:
Address:	
City:	State: Zip Code:

Reference Type:	Reference Name:
Title:	Employer:
Telephone:	Country:
Address:	
City:	State: Zip Code:

Reference Type:	Reference Name:
Title:	Employer:
Telephone:	Country:
Address:	
City:	State: Zip Code:

Reference Type:	Reference Name:
Title:	Employer:
Telephone:	Country:
Address:	
City:	State: Zip Code:

SUPPLEMENTAL QUESTIONS

Have you ever been convicted or declared guilty of a misdemeanor or a felony by any court? Yes No

Conviction is not necessarily disqualifying. Each case will be evaluated on its own merits and its applicability to this position. FAILURE TO DISCLOSE THIS INFORMATION WILL BE CAUSE FOR DISQUALIFICATION, REMOVAL FROM LIST, OR DISCHARGE FROM EMPLOYMENT. You may omit: A. Traffic violations for which the fine imposed was \$100 or less. (Any Traffic Violation over \$100 must be shown.) B. Any offense committed prior to your 18th birthday which was finally adjudicated in a juvenile court or under a youthful offender law. C. Any incident that has been sealed under Welfare and Institutional Code Section 781 or Penal Code Section 1203 45. If YES, please provide complete details below.

Have you ever been terminated from employment or forced to resign? Yes No If YES, please provide complete details including dates:

Have you ever been employed by the City of Reedley? Yes No If YES, please provide details:

Are you related by blood or marriage to any person presently employed by the City of Reedley? Yes No If YES, please provide: Full Name, Relationship, and the Department in which the individual(s) are employed:

VETERANS CREDIT

Do you wish to apply for Veterans credits? Yes No If YES, acceptable documentary proof of U.S. Military Service Form DD214 must be submitted with this application during the filing period.

HOW DID YOU FIND OUT ABOUT THE JOB?

- | | | | |
|---------------------------------------|---|---|--|
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Friend | <input type="checkbox"/> Publication | <input type="checkbox"/> Job Announcement |
| <input type="checkbox"/> Internet | <input type="checkbox"/> Radio | <input type="checkbox"/> Bulletin Board | <input type="checkbox"/> City Email Notice |
| <input type="checkbox"/> Craig's List | <input type="checkbox"/> Reedley Employee | <input type="checkbox"/> Job Fair | <input type="checkbox"/> Other |

CERTIFICATE OF APPLICANT

I hereby certify that all statements on or in connection with this application, including those regarding my training, education, and experience are true and complete to the best of my knowledge and belief, and I understand and agree that any misstatements or omissions of material fact herein will cause forfeiture on my part of all rights to employment by the City of Reedley.

Signature of Applicant:	Date:
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NOTE: RACE AND SEX INFORMATION IS FOR STATISTICAL PURPOSES ONLY AND IS NOT USED IN HIRING

RACE/ETHNIC DATA

<input type="checkbox"/> White	<input type="checkbox"/> Black	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Asian
<input type="checkbox"/> Indian	<input type="checkbox"/> America Indian or Alaska Native	<input type="checkbox"/> Native Hawaiiin or Pacific Islander	<input type="checkbox"/> Other
SEX			
<input type="checkbox"/> Male	<input type="checkbox"/> Female		