



# CITY OF COLUSA EMPLOYMENT APPLICATION

Office Use Only

Date Rec'd \_\_\_\_\_  
 Interview Scheduled \_\_\_\_\_  
 Rejection Ltr Sent \_\_\_\_\_  
 Background Completed \_\_\_\_\_  
 Date Hired \_\_\_\_\_

\_\_\_\_\_

Position for Which You Are Applying

### PERSONAL HISTORY

Please type or print clearly in ink

NAME (Last, First, Middle)		SOCIAL SECURITY NUMBER	
ADDRESS (Number, Street, Apt. No.)		DRIVER'S LICENSE	
(City, State and Zip Code)		State	No. Ex. Date Class
HOME PHONE ( )		TYPE OF EMPLOYMENT DESIRED	
WORK/OTHER PHONE ( )		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary	
If hired, can you show verification of your legal right to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you related to any person currently working for city of Colusa or to any person who currently serves on the City Council or are personal friends with any person currently employed by the city of Colusa? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please provide:			
NAME:		POSITION:	RELATIONSHIP:

### EDUCATION AND TRAINING

HIGHEST GRADE COMPLETED	NAME/LOCATION OF HIGH SCHOOL:				DID YOU GRADUATE?			
High School    College    Graduate 1 2 3 4            1 2 3 4    1 2 3 4					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> GED			
NAME AND LOCATION OF COLLEGE, BUSINESS OR TRADE SCHOOL	DATES ATTENDED		UNITS COMPLETED		DEGREE AWARDED?		TYPE OF DEGREE	MAJOR SUBJECTS
	From	To	Sem	Qtr	Yes	No		

List current certificates of professional competence, licenses, membership in professional associations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ALL APPLICANTS MUST COMPLETE ALL SECTIONS OF THIS APPLICATION

425 Webster Street, Colusa, CA 95932  
 Phone: 530-458-4740 • FAX: 530-458-8674

**EMPLOYMENT HISTORY**

This section must be completed—resumes may also be attached to further describe your qualifications. List all employment emphasizing experience directly related to the position for which you are applying. If qualifying experience is part time or voluntary, list the number of hours per week spent doing the work. List all positions you have held and periods of unemployment for at least the past ten years. Include all periods of self employment and U.S. Military Service. List each promotion separately. If additional space is required, use copies of this side of the application or a separate sheet prepared in the same format and attach to the application. *Be sure to sign and date any attached sheets.*

Dates Employed From: To: (mo/yr) (mo/yr)	Employer (Business or Agency Name)	Title of Position	Number of Employees Supervised by You
Total Yrs/Mo. Worked	Type of Business	Address	City State
Hours Worked Each Week	Name and Title of Supervisor		Business Phone Number
Your Duties (List Primary Duties First):			
Reason for Leaving			
Dates Employed From: To: (mo/yr) (mo/yr)	Employer (Business or Agency Name)	Title of Position	Number of Employees Supervised by You
Total Yrs/Mo. Worked	Type of Business	Address	City State
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Hours Worked Each Week	Name and Title of Supervisor		Business Phone Number
Your Duties (List Primary Duties First):			
Reason for Leaving			

Add additional sheets, if necessary

- Were you ever discharged or forced to resign from any position?  Yes  No If yes, please explain:  
 \_\_\_\_\_  
 \_\_\_\_\_
- I am applying for:  regular fulltime work  regular part-time work  temporary/seasonal/holiday work
- What days and hours are you available to work? \_\_\_\_\_
- If applying for temporary work, during what period of time will you be available? From \_\_\_\_\_  
 \_\_\_\_\_ to \_\_\_\_\_
- Are you available to work on weekends?  Yes  No
- Would you be available to work overtime, if necessary?  Yes  No
- Many of our customers do not speak English. Do you speak, write or understand  Yes  No  
 any foreign language? If yes, which language? \_\_\_\_\_
- Do you have any other experience, training, qualifications or skills that you feel make you especially suited  
 for work with the city of Colusa? If so, please explain \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- Have you ever applied to or worked for the city of Colusa?  Yes  No  
 If yes, when? \_\_\_\_\_
- Why are you applying for work at the city of Colusa? \_\_\_\_\_  
 \_\_\_\_\_
- If hired, do you have a reliable means of transportation to and from work?  Yes  No
- Are you at least 18 years of age?  Yes  No  
 (if under 18, hire is subject to verification that you are of minimum legal age.)
- If hired, can you present evidence of your U.S. citizenship or proof of your legal  Yes  No  
 right to live and work in this country
- Are you able to perform the essential functions of the job for which you are applying  Yes  No  
 If no, describe the functions that cannot be performed \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(Note: The city complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions.)

- Are you able to perform all other duties of the job for which you are applying?  Yes  No  
 If no, describe the functions that cannot be performed \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(Note: Hire may be subject to passing a medical examination as well as skill and agility tests.)

- Have you obtained any special skills or abilities as the result of service in the military?  Yes  No  
 If so, please describe \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- If you are applying for a professional position, please answer the following questions:  
 Are you licensed or certified for the job applied for  Yes  No  
 Name of license/certification \_\_\_\_\_  
 Issuing Date \_\_\_\_\_  
 License/certification number \_\_\_\_\_  
 Has your license/certification ever been revoked or suspended?  Yes  No  
 If yes, state reason(s), date of revocation or suspension and date of reinstatement \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**REFERENCES**

List three professional references who have knowledge of your work performance within the last three years  
(You may attach other references as well.)

Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
Address \_\_\_\_\_  
Occupation \_\_\_\_\_ Number of Years Acquainted \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
Address \_\_\_\_\_  
Occupation \_\_\_\_\_ Number of Years Acquainted \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
Address \_\_\_\_\_  
Occupation \_\_\_\_\_ Number of Years Acquainted \_\_\_\_\_

If hired, on what date can you start work? \_\_\_\_\_

Salary desired \_\_\_\_\_

Inquiry may be made of your former employer(s) regarding your performance record or the schools you attended to verify degree(s). May we contact your present employer?  Yes  No  Later

- I hereby certify that I have not knowingly withheld information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery. \_\_\_\_\_  
(Initial)
- I agree to be fingerprinted, to submit to a drug test, to submit to a complete medical exam and furnish such proof of meeting the conditions of employment as may be required. \_\_\_\_\_  
(Initial)

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

***“This institution is an equal opportunity employer and provider”***

**TO ASSIST IN OUR OUTREACH EFFORTS, PLEASE INDICATE HOW YOU FIRST LEARNED ABOUT THIS JOB OPENING:**

Newspaper (please specify by title) \_\_\_\_\_  Posted Bulletin - where \_\_\_\_\_  
 Other Publication (please specify by title) \_\_\_\_\_  Other (please specify) \_\_\_\_\_

## EQUAL EMPLOYMENT OPPORTUNITY DATA

To be completed by applicant:

Completion of this form is entirely *voluntary*, and all information will remain confidential and will *not* affect your application for employment. We are required by law to collect this information for equal opportunity employment purposes, and it will *not* become part of your personnel record if this company hires you.

Name: \_\_\_\_\_

Sex:  Male  Female

Race/Ethnicity:  American Indian/Alaskan  
 Asian/Pacific Islander  
 Black  
 Hispanic  
 White

Government contractors must take affirmative action to employ and advance certain qualified individuals subject to the Rehabilitation Act of 1973 and the Vietnam Era Veterans Readjustment Act of 1974. Completion of the following information is voluntary, and will assist us in proper placement and reasonable accommodation. If you wish to be identified as qualifying for such placement or accommodation, please check where applicable:

Vietnam Era Veteran  
 Disabled Veteran  
 Individual with a Disability

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To be completed by employer:

EEO-1 Category:  1. Officials and managers  6. Crafts - skilled  
 2. Professionals  7. Operatives-semi skilled  
 3. Technicians  8. Laborers - unskilled  
 4. Sales  9. Service workers  
 5. Office and clerical

Employer information completed by:

Name \_\_\_\_\_

Date \_\_\_\_\_