

CITY OF GARIBALDI EMPLOYMENT APPLICATION

City Use Only | Date Received: _____

QUESTIONS WITH AN * REQUIRE A RESPONSE. YOUR APPLICATION MAY NOT BE CONSIDERED IF INCOMPLETE.

JOB INFORMATION

* POSITION TITLE:

PERSONAL INFORMATION

* FIRST NAME

MIDDLE INITIAL

* LAST NAME

* ADDRESS

* CITY

* STATE

* ZIP

* PHONE

ALTERNATE PHONE

* EMAIL ADDRESS

* PREVIOUS NAMES USED

EDUCATION

WHAT IS YOUR HIGHEST LEVEL OF EDUCATION:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Some High School | <input type="checkbox"/> Some College | <input type="checkbox"/> Associate Degree | <input type="checkbox"/> Master's Degree |
| <input type="checkbox"/> High School | <input type="checkbox"/> Technical College | <input type="checkbox"/> Bachelor's Degree | <input type="checkbox"/> Doctorate |

HIGH SCHOOL EDUCATION

Did you graduate from high school or receive a G.E.D.? YES NO

If no, what was the highest level completed? 7 8 9 10 11 12

SCHOOL NAME

CITY

STATE

COLLEGE/UNIVERSITY EDUCATION

SCHOOL NAME

DEGREE RECEIVED

SCHOOL LOCATION (CITY/STATE)

DID YOU GRADUATE?

YES NO

SEMESTER QUARTER
OF UNITS COMPLETED:

MAJOR

SCHOOL NAME

DEGREE RECEIVED

SCHOOL LOCATION (CITY/STATE)

DID YOU GRADUATE?

YES NO

SEMESTER QUARTER
OF UNITS COMPLETED:

MAJOR

SCHOOL NAME

DEGREE RECEIVED

SCHOOL LOCATION (CITY/STATE)

DID YOU GRADUATE?

YES NO

SEMESTER QUARTER
OF UNITS COMPLETED:

MAJOR

DRIVER'S LICENSE INFORMATION

* IF THE POSITION INVOLVES DRIVING, DO YOU HAVE A VALID LICENSE? YES NO

STATE ISSUED:

CLASS:

CERTIFICATES & LICENSES

TYPE	DATE ISSUED (MONTH/YEAR)	EXPIRATION DATE (MONTH/YEAR)
LICENSE NUMBER	ISSUING AGENCY	
TYPE	DATE ISSUED (MONTH/YEAR)	EXPIRATION DATE (MONTH/YEAR)
LICENSE NUMBER	ISSUING AGENCY	

WORK HISTORY

DATES From To	EMPLOYER	POSITION TITLE
ADDRESS	CITY	STATE
COMPANY WEBSITE	PHONE NUMBER	SUPERVISOR NAME & TITLE
HOURS PER WEEK		MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>
DUTIES		
REASON FOR LEAVING		
DATES From To	EMPLOYER	POSITION TITLE
ADDRESS	CITY	STATE
COMPANY WEBSITE	PHONE NUMBER	SUPERVISOR (NAME & TITLE)
HOURS WORKED PER WEEK		MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>

DUTIES

REASON FOR LEAVING

WORK HISTORY

DATES From To	EMPLOYER	POSITION TITLE	
ADDRESS	CITY	STATE	
COMPANY WEBSITE	PHONE NUMBER	SUPERVISOR NAME & TITLE	
HOURS WORKED PER WEEK		MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>	

DUTIES

REASON FOR LEAVING

DATES From To	EMPLOYER	POSITION TITLE	
ADDRESS	CITY	STATE	
COMPANY WEBSITE	PHONE NUMBER	SUPERVISOR NAME & TITLE	

HOURS WORKED PER WEEK		MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>
DUTIES		
REASON FOR LEAVING		
SKILLS		
OFFICE SKILLS	TYPING (WORDS PER MINUTE)	DATA ENTRY (WORDS PER MINUTE)
OTHER SKILLS		
SKILL	SKILL LEVEL <input type="checkbox"/> BEGINNER <input type="checkbox"/> SKILLED <input type="checkbox"/> EXPERT	EXPERIENCE (YEARS OR MONTHS)
SKILL	SKILL LEVEL <input type="checkbox"/> BEGINNER <input type="checkbox"/> SKILLED <input type="checkbox"/> EXPERT	EXPERIENCE (YEARS OR MONTHS)
SKILL	SKILL LEVEL <input type="checkbox"/> BEGINNER <input type="checkbox"/> SKILLED <input type="checkbox"/> EXPERT	EXPERIENCE (YEARS OR MONTHS)
LANGUAGES OTHER THAN ENGLISH THAT YOU ARE PROFICIENT IN		
LANGUAGE: <input type="checkbox"/> SPEAK <input type="checkbox"/> READ <input type="checkbox"/> WRITE	LANGUAGE: <input type="checkbox"/> SPEAK <input type="checkbox"/> READ <input type="checkbox"/> WRITE	
EMPLOYMENT OBJECTIVE		
ADDITIONAL INFORMATION		
Clinical Experience, Honors & Awards, Interests & Activities, Military Service, Personal, Professional Associations, Professional Memberships, Publications, Technical, Volunteer Experience, Other/Miscellaneous		
REFERENCES		
*THREE PROFESSIONAL REFERENCES ARE REQUIRED:		
Name:	Phone:	Email:
Name:	Phone:	Email:
Name:	Phone:	Email:

Signature Verbiage

I hereby certify that I understand that I will have to produce documentation verifying identity and employment eligibility in the U.S. I understand that I may be required to verify any and all information given on this application.

I certify that all the information provided in this application is true and accurate and I have not withheld any information relative to my application. I understand that any misrepresentation or omission, as well as any misleading statements or omissions of application information, attachments or supporting documents may result in denial of employment or immediate termination.

I understand that an in-depth background check may be conducted prior to employment with City of Garibaldi. This may include, but is not limited to, a Criminal History check, a DMV check, education and certification verification, and contact with previous employers and references in order to determine suitability for employment and ability to qualify for employment with City of Garibaldi.

I authorize representatives of City of Garibaldi to contact the employers and references listed in this application (or otherwise provided by me), except as otherwise indicated, and any other person as developed through these contacts in order to determine my suitability for employment. I understand that as the process progresses, I may be required to provide additional information in order that a thorough background check can be completed. I understand and agree that, if hired, my employment relationship with City of Garibaldi will be "at-will," meaning for no definite period and the relationship may be terminated at any time and without prior notice by either party. I understand that this completed application is the property of City of Garibaldi and will not be returned. I understand that I must notify the City of Garibaldi of any changes in my name, address, or phone number.

I have read and understand the information above.

x _____
Signature of Applicant

Date

SUPPLEMENTAL QUESTIONS

QUESTIONS WITH AN * REQUIRE A RESPONSE. YOUR APPLICATION MAY NOT BE CONSIDERED IF INCOMPLETE.

<p>*1. Are you over age 18? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>*2. Have you previously worked for the City of Garibaldi? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>*3. How did you learn about our job opening?</p>	<p>*4. Date you are available to start:</p>
<p>*5. Please indicate which hours you are willing to work: (check all that apply) FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> VOLUNTEER <input type="checkbox"/></p>	
<p>* 6. Please describe your experience or knowledge which would directly relate to the position you are applying for.</p>	
<p>*7. 10 years work history is required. Please explain any gaps longer than 6 months if applicable.</p>	
<p>8. Are you interested in veterans hiring considerations? If so, a federal DD form 214 or 215 is required with your application for employment. <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	
<p>9. Are you interested in disabled veterans hiring considerations? If so, a copy of your veteran's disability preference letter from the U.S. Department of Veterans Affairs is required. <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	
<p>*10. Are you willing to relocate? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>*11. Are you willing to travel? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>*12. Are you willing to work some evenings? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	

