



CITY OF ORLAND

Employment Application

Date Received: _____ Received By: _____

INSTRUCTIONS: Please Read Carefully

This employment application is the initial step in this examination process. Read the Position Announcement thoroughly, and apply only if you feel reasonably certain that you meet the qualifications. When you complete this application, please PRINT IN BLACK INK or use the typewriter, incomplete or illegible applications may be DISQUALIFIED. Fill out this application form completely, if a question does not apply to you, write N/A. Resumes will NOT be accepted in lieu of completed applications. A separate application is required for each position for which you are applying. Documents submitted with this application will not be returned. NOTIFY US PROMPTLY if you have a change of address, phone, or employer.

TITLE OF POSITION: _____

PERSONAL DATA (Please type or print in black ink):

Name: _____
LAST FIRST MIDDLE

Address: _____

Telephone: Home() _____ Business() _____ Message() _____

City: _____ State: _____ Zip Code: _____

Social Security Number: _____ CA Driver's License: _____
(Must be available for review)

IF HIRED:

Do you have the legal right to work in the U.S.? _____

Do you have any objections to signing a loyalty oath? _____

Date available to start work: _____ Salary expected: _____

EDUCATION:

Circle highest grade completed: High School 9 10 11 12 Did you receive a high school diploma?
College 1 2 3 4 _____ yes _____ no _____ G.E.D.

Technical/Vocational schools attended	Major course of study	Units completed	Title of degree/cert.
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ADDITIONAL TRAINING OR EDUCATION WHICH MIGHT BE APPLICABLE (Include Certificates):

Currently taking courses? _____ Name of course(s): _____

School: _____

Do you speak any language other than English? _____ If so, which one(s) _____

SKILLS:

Typing _____ W.P.M. Shorthand _____ W.P.M.

Office machines: _____

Tools & Equipment: _____

WORK HISTORY: Give a record of your employment history for the past ten years. If you feel unpaid positions enhanced your qualifications for this position, include here also. Start with most recent employment. Resumes may be attached, but will NOT be accepted in lieu of providing complete information here.

From (Month/Year): _____ To (Month/Year): _____	Name and Address of Employer:	Description of Duties:
Full time? _____ Part time? _____	Type of Business:	Reason for leaving:
Supervisor's Name:	Position held:	

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Full time? _____ Part time? _____	Type of Business:	Reason for leaving:
Supervisor's Name:	Position held:	

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Full time? _____ Part time? _____	Type of Business:	Reason for leaving:
Supervisor's Name:	Position held:	

For Reference, can we contact your present employer? _____ Former Employer? _____

REMARKS: For additional details on any of the above questions or to add any additional information which you feel would especially qualify you for this position with the city.

I hereby certify that all statements in this application are true and complete and that any misstatement or omission of material facts may subject me to disqualification or dismissal.

Signature Date

Affirmative Action Survey

The Federal Government requires that we maintain statistics on applicants for positions with the City of Orland to ascertain our compliance with equal employment guidelines. This information is voluntary and will not be used in any way in the selection process. Your cooperation in providing this information is appreciated.

Position applied for: _____

Ethnic Origin: American Indian _____ Asian American _____ Black _____ Caucasian _____ Filipino _____
Mexican American/Spanish Surname _____ Other _____

Age: under 18 _____ 18-40 _____ over 40 _____ Male _____ Female _____