

CITY OF WEED EMPLOYMENT APPLICATION

Return completed application to:
 Workforce Connection, 310 Boles St.,
 Weed, CA. 96094, or
 818 S. Main St.,
 Yreka, CA. 96097
 1-800-344-7837
 www.ci.weed.ca.us

Application must be typed or printed and signed in black or dark blue ink. DO NOT USE PENCIL.

Position applied for: _____ Expected Rate of Pay: _____

Name: _____ Social Security No. _____
LAST FIRST MI

Address: _____
STREET CITY STATE ZIP

Mailing Address: _____
STREET CITY STATE ZIP

Home Ph No.: () - Cell Ph No.: () - Daytime Ph No.: () -
AREA CODE NUMBER AREA CODE NUMBER AREA CODE NUMBER

Driver License No.: _____ Class: _____ State Issued: _____ Expiration Date: _____

	Yes	No
If you are hired, can you submit proof of right to work in the United States?	_____	_____
Are you at least 18 years of age?	_____	_____
Have you been discharged or forced to resign a position? (If yes, please explain circumstances below.)	_____	_____

Were you previously employed by the City of Weed? (List under what name and year below.)	_____	_____

Do you have any relatives working for the City of Weed? (List names, relationship and department below.)	_____	_____

Have you ever been convicted of a misdemeanor or felony? (If yes, please explain circumstances below.)	_____	_____

(Note: Conviction is not necessarily a bar to employment. Each case is given individual consideration. Marijuana-related misdemeanors 2 yrs & older need not be listed.)

All new employees are fingerprinted to determine criminal background.

Do you possess any license, permit, certificate or are there any other experiences, skills or qualifications which you feel would especially meet the requirements as stated on the job announcement?

Describe: _____

	PERSONNEL DEPARTMENT ONLY					
Indicate the type of work you would be willing to accept. Full time _____ Part time _____ Temporary _____ SHIFTS Days _____ Weekends _____ Evenings _____ Rotating _____ Overtime _____ On-call _____	Application Review			Examination Results		Date Stamp
	Action	Initial	Date	Oral Score _____		
	Approved			Written Score _____		
	Not Approved			Other Score _____		
				Vet. Pref. Pts. _____ Final Score _____		

If you are attaching a resume, please read: In order for your application to be considered, the following section **MUST** be completed. A resume **MAY** be attached, but **WILL NOT** be acceptable in lieu of this section. List below all present and past employment **FOR THE LAST 10 YEARS** beginning with your most recent. Explain gaps between employment periods. If more space is needed, use a separate sheet prepared in the same format and attach securely. Incomplete information **MAY** result in disqualification.

DATES Month-Year	PRESENT OR LAST POSITION	Company	Position held	Starting salary
From		Mailing Address	Your supervisor's name and title	Final salary
To		City State Zip Code	Reason for Leaving	Phone No. ()
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		Your Duties		Hours per week _____
DATES Month-Year	NEXT PREVIOUS POSITION	Company	Position held	Starting salary
From		Mailing Address	Your supervisor's name and title	Final salary
To		City State Zip Code	Reason for Leaving	Phone No. ()
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		Your Duties		Hours per week _____
DATES Month-Year	NEXT PREVIOUS POSITION	Company	Position held	Starting salary
From		Mailing Address	Your supervisor's name and title	Final salary
To		City State Zip Code	Reason for Leaving	Phone No. ()
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		Your Duties		Hours per week _____
DATES Month-Year	NEXT PREVIOUS POSITION	Company	Position held	Starting salary
From		Mailing Address	Your supervisor's name and title	Final salary
To		City State Zip Code	Reason for Leaving	Phone No. ()
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		Your Duties		Hours per week _____

School	Name and Address of School	Course of Study	Credits Earned		Diploma or Degree	Grade Point Average
			Quarter Units	Semester Units		
High						
College						
Other (Specify) Business, Trade, etc.						

I HEREBY CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION AND ACCOMPANYING MATERIALS ARE COMPLETE, ACCURATE AND TRUE TO THE BEST OF MY KNOWLEDGE. I AGREE AND UNDERSTAND THAT ANY OMISSIONS OR MISSTATEMENTS OF MATERIAL FACTS CONTAINED IN THE APPLICATION MAY CAUSE ME TO FORFEIT ALL RIGHTS TO EMPLOYMENT WITH THE CITY OF WEED. I UNDERSTAND THAT THE INFORMATION PROVIDED BY ME WILL BE VERIFIED. I AUTHORIZE THE RELEASE OF PERTINENT INFORMATION TO THE CITY BY EMPLOYERS AND EDUCATIONAL FACILITIES. THIS APPLICATION WILL BE GOOD FOR 180 DAYS.

Signature of Applicant _____ Date _____
(Use ink, required for application to be complete)

Position applied for: _____

I first learned of this job opening through (check one only):

- A friend or relative
- The City's Personnel Department-Job Line or Walk In
- Contact with a City Department/Employee
If Department, specify which _____
- Interest Card notification
- An advertisement (specify which newspaper, publication,
TV, or radio station) _____
- Internet (specify website) _____
- Other means (specify) _____

Do you have any physical condition or handicap which may limit your ability to perform the job applied for? YES NO

If yes, what can be done to accommodate your limitations and, if necessary, to provide assistance in the testing process? If you have special needs, please list and call 1-800-344-7837.

APPLICANT: Please complete both sides of this form and submit it with your application. The completed form is confidential and will be detached from your application. This information is gathered in accordance with State and Federal laws for the purpose of evaluating the effectiveness of our Equal Opportunity recruitment efforts.

Please Check Male Female Age: Under 40 40 and over

Also, please check one box only for the racial/ethnic category you most closely identify with (See below the ethnic definitions).

- White* (Not Hispanic origin) All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- Black* (Not of Hispanic origin) All persons having origins in any of the original peoples of Africa or the West Indies.
- Hispanic* All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- Asian or Pacific Islander* All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands (excluding the Phillipine Islands). This area includes, for example, China, Japan, Korea, and Samoa.
- American Indian or Alaskan Native* All persons having origins in any of the original peoples of North America, and who maintain cultural identifications through tribal affiliation or community recognition. Please identify your tribal affiliation: _____
- Filipino* All persons having origins in the Phillipine Islands.
- Other* (specify) _____