

Employment History

Starting with your most recent employer, provide the following information.

Employer	Telephone #	Month	Year	Month	Year
		Date employed	/	to	/
Street address	City	State			
		Compensation (Starting)			
Starting job title/final job title		<input type="checkbox"/> Hourly	<input type="checkbox"/> Salary	\$	Per
Immediate Supervisor and title (for most recent position held)		Compensation/Bonus/Other Compensation \$			
May we contact for reference		Compensation (Final)			
Why did you leave?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Later	
		<input type="checkbox"/> Hourly	<input type="checkbox"/> Salary	\$	Per
		Compensation/Bonus/Other Compensation \$			
Summarize the type of work performed and job responsibilities					
What did you like most about your position?					
What were the things you liked least about the position?					

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Immediate Supervisor and title (for most recent position held)		Compensation/Bonus/Other Compensation \$			
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Employment History

Explain any gaps in your employment, other than those due to personal illness, injury or disability. _____

If not addressed on previous page, have you ever been fired or asked to resign from a job Yes No
 If yes, please explain _____

Skills and Qualifications

Summarize any special training, skills, licenses and/or certificates that may assist you in performing the position for which you are applying. _____

Computer Skills (Check appropriate boxes, Include software titles and years of experience.)

- Word Processing _____ Years: _____ Internet _____ Years _____
- Spreadsheet _____ Years: _____ Other _____ Years _____
- Presentation _____ Years: _____ Other _____ Years _____
- E-mail _____ Years: _____ Other _____ Years _____

Educational Background

Starting with your most recent school attended, provide the following information

School Include City & State	Years Completed	Completed	GPA Class Rank	Major/Minor
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		

References

List name and telephone number of three business/work references who are *not* related to you and are not previous supervisors. If not applicable, list three school or personal references who are *not* related to you.

Name	Title	Relationship To you	Telephone	Number of years known

Related Information

To what job-related organizations (professional, trade, etc.) do you belong?

Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disability, veteran/reserve national guard or any other similarly protected status.

Organization	Offices Held

List special accomplishments, publications, awards, etc.

Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disability, veteran/reserve national guard or any other similarly protected status.

In your current or prior job, have you ever written instructions or directions to be followed by employees or customers?

- Yes
- No
- Not Applicable

If yes, please explain: _____

Is there any other job-related information you want us to know about you? _____

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with the City of Monte Vista is true, complete and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities, and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not lawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 60 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the City Manager.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____
City of Monte Vista

Employment Application

Date ___/___/___

**AFFIRMATIVE ACTION
VOLUNTARY INFORMATION**

We consider all applicants for positions without regard to race, color religion, sex national origin, citizenship, age, mental or physical disabilities, veteran/reserve/national guard or any other similarly protected status. We also comply with all applicable law governing employment practices and do not discriminate on the basis of any unlawful criteria.

To be completed by applicant on a voluntary basis. Not for interview purposes. To be filed separately from application.

In an effort to comply with requirements regarding government recordkeeping, reporting and other legal obligations which may apply, we invite you to complete this applicant data survey. Providing this information is **STRICTLY VOLUNTARY**. Failure to provide it will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

Please be advised that this survey is not a part of your official application for employment. It will not be used in any hiring decision. The information will be used and kept confidential in accordance with application laws and regulations.

Position(s) applied for _____ Date ___/___/___

Referral Source (Please check the appropriate category.)

- Walk-in _____
- Employee (Please specify) _____
- Relative (Please specify) _____
- Newspaper _____
- Other (Please specify) _____

Applicant information

Name _____ Telephone # _____
Last First Middle

Address _____
Street City State Zip Code

- Male Female

Pleas check one of the following Equal Employment Opportunity Identification Groups:

- American Indian / Alaskan Native Hispanic / Latino (White race only) White
- Native Hawaiian / Other Pacific Islander Hispanic / Latino (all other races) Asian

Administrative Use Only

Date Application submitted ___/___/___ If not hired this application will be destroyed 60 days after the submitted date ___/___/___.

Position(s) applied for Available Not Available Other

Other positions considered for _____

Hired Yes No

If yes, for what position _____

Set up interview Yes No