



City of Wheatland Application for Employment

111 C Street
City of Wheatland, California
(530) 633-2761

The City is an equal opportunity employer. We do not discriminate on the basis of race, sex (including pregnancy, childbirth, breastfeeding, or related medical conditions), color, national origin, sexual orientation, religion, age, disability, marital status, protected medical condition, gender, gender expression, gender identity, genetic information, or any other basis as defined by state, federal or local law. The City provides reasonable accommodation to qualified individuals with disabilities in both the hiring process and during employment as required by applicable federal, state and local laws.

Name _____
Last
First
Middle Initial

Have you ever used another name? If yes, please list _____

Address _____
Street
City
State
Zip Code

Home Phone () _____ Cell () _____ Date _____

EMPLOYMENT INFORMATION AND REFERRAL SOURCE

Position applying for: _____

From what source did you learn of this position? _____

Will you accept temporary work? YES NO

Will you accept part-time work? YES NO

Are you at least 18 years old? (If under 18, hire is subject to verification that you are of minimum legal age.) YES NO

If hired, would you have a reliable means of transportation to and from work?
 *Certain positions may require a valid, unrestricted driver's license and proof of insurance. YES NO

Are you presently legally authorized to work in the United States on a full time basis? (Proof of work authorization is required upon employment) YES NO

Have you ever worked for the City of Wheatland? YES NO If yes, explain: _____

Are you related to any current City of Wheatland employees? YES NO If yes, explain: _____

Have you ever been fired or forced to resign a position? YES NO If yes, explain: _____

EDUCATION AND TRAINING

Name and Location of School	No. of Years Completed	Did you Graduate	Degree or Certificate
		YES <input type="checkbox"/> NO <input type="checkbox"/>	
		YES <input type="checkbox"/> NO <input type="checkbox"/>	
		YES <input type="checkbox"/> NO <input type="checkbox"/>	

List any applicable professional vocational certificates you possess or other courses, seminars or related training which would increase your effectiveness in this position. Include title of course, dates attended and certificates received:

EMPLOYMENT HISTORY

Please list all positions you have held in the past ten (10) years. Account for volunteer, part-time, military, summer positions, periods of unemployment, etc. It is critical that you provide complete information. List each change of title or promotion separately. Resumes may be attached but will not be accepted in lieu of complete answers. If you need more space attach additional sheets using the same format. Please sign and date any attached sheets.

Name of Employer: _____	Phone Number: _____
Type of Business: _____	Your Supervisor's Name: _____
Address & Street _____	City/State: _____
Date (Month/Year) From _____ To _____	Total weekly hours: _____
Position and Duties: _____	
Reason for Leaving: _____	
Current employer? YES <input type="checkbox"/> NO <input type="checkbox"/>	May we contact this employer for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>

Name of Employer: _____	Phone Number: _____
Type of Business: _____	Your Supervisor's Name: _____
Address & Street _____	City/State: _____
Date (Month/Year) From _____ To _____	Total weekly hours: _____
Position and Duties: _____	
Reason for Leaving: _____	
Current employer? YES <input type="checkbox"/> NO <input type="checkbox"/>	May we contact this employer for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>

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Date (Month/Year) From _____ To _____	Total weekly hours: _____
Position and Duties: _____	
Reason for Leaving: _____	
Current employer? YES <input type="checkbox"/> NO <input type="checkbox"/>	May we contact this employer for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>

Name of Employer: _____	Phone Number: _____
Type of Business: _____	Your Supervisor's Name: _____
Address & Street _____	City/State: _____
Date (Month/Year) From _____ To _____	Total weekly hours: _____
Position and Duties: _____	
Reason for Leaving: _____	
Current employer? YES <input type="checkbox"/> NO <input type="checkbox"/>	May we contact this employer for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>

RELEASE/CERTIFICATION

Please read each paragraph carefully, initial each paragraph, and sign below. Your initials signify that you have read, understood and agreed to the provisions initialed.

The City takes very seriously false or misleading information provided by applicants on a job application, resume, and other application related materials, including statements made in job interviews. Any representation made by a job applicant that contains false or misleading information, or omits significant information, will result in the City's refusal to hire the applicant or, if discovered after employment commences, will be grounds for immediate termination of employment. My initials below, and signature on this application, certify that this application was completed by me, and that all information contained in my application is true and correct.

(initial here) _____

I hereby authorize the references I have listed to provide information to the City relevant to my application for employment, including information regarding my current and/or previous employment, other than pay/salary information. In addition, I hereby agree to release all persons, schools, and employers of any and all claims, demands or liabilities arising out of, or in any way related to such disclosure. If the City, in the course of conducting a background check, obtains information about me that is a matter of public record, I understand that I am entitled to a copy of the related public record(s), as required by California law.

By checking this box, I waive my right to receive a copy of public records, as described above.

(initial here) _____

Before date of hire, applicant will be required to undergo a background check in compliance with applicable local, state and federal law.

(initial here) _____

My signature certifies that I have read and completed this application, and that all entries on it and information in it are true and correct.

Signature of Applicant

Printed Name

Date