



Employment Application

Resumes do not substitute for the Town application

Town of San Anselmo

525 San Anselmo Ave, San Anselmo, CA 94960

Phone: (415) 258-4678

Fax: (415) 459-2477

<http://www.townofsananselmo.org>

Personal Information

Full Name _____
Last First Initial

Address _____
Street City State Zip

Personal Phone _____ Business Phone _____

If it is necessary to contact you, which of the above phone numbers should we call? Personal Business Either

Email address _____

Other Names You Have Used or Are Known By: _____

After an employment offer, can you provide verification of your legal right to work in the United States? Yes No

Driver's license? License No. _____ State _____ Class _____ Expiration Date _____

Position

Position Desired _____

What type of employment will you accept? Part Time Full Time Temporary

Will you accept shift, evening, or weekend work, if required? Yes No

Agreement

I hereby certify that all statements made herein or otherwise by me in applying for a position of employment with the Town of San Anselmo are true and correct. I understand that any misstatement or omission of material fact may be justification for disqualification or termination of employment. I authorize the Town of San Anselmo to verify my qualification and character with the employers, schools or persons named on this application, except as noted.

Signature: _____ Date: _____

How did you hear about this position: _____

For Department Use Only

Approved Disapproved For: Education Experience License/Cert. Incomplete Late Met MQ – screened out

Screened by: _____

Date: _____

Comments: _____

Position Desired _____

Education

High School _____ City/State _____ Diploma? Yes No GED

College & Location _____ Major _____ Units Completed _____ Degree _____

College & Location _____ Major _____ Units Completed _____ Degree _____

Business/Trade School or apprenticeship _____

Applicable license, certification or registration _____ Expiration Date _____

Languages, other than English, in which you are fluent _____

Experience

Employer _____ Address _____ City/State _____

Supervisor's Name _____ Phone _____ May we contact? Yes No

Last Position _____ Employed from _____ to _____ Avg. hrs/wk _____

Duties _____

Reason for Leaving _____

Employer _____ Address _____ City/State _____

Supervisor's Name _____ Phone _____ May we contact? Yes No

Last Position _____ Employed from _____ to _____ Avg. hrs/wk _____

Duties _____

Reason for Leaving _____

Employer _____ Address _____ City/State _____

Supervisor's Name _____ Phone _____ May we contact? Yes No

Last Position _____ Employed from _____ to _____ Avg. hrs/wk _____

Duties _____

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