

Application for Employment with
THE CITY OF NEEDLES

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

(Please Print)

1. Position(s) Applied For _____	2. Date of Application _____
3. How Did You Learn About Us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Walk-In <input type="checkbox"/> Employment Agency <input type="checkbox"/> Website	
<input type="checkbox"/> Relative <input type="checkbox"/> Certification Mailing <input type="checkbox"/> Internet <input type="checkbox"/> Other <input type="checkbox"/>	

4. Last Name _____	First Name _____	Middle Name _____
5. Address _____	Street _____	City _____
		State _____ Zip Code _____
6. Telephone Numbers (s) _____		7. Social Security Number _____

8. If you are under 18 years of age, can you provide required proof of your eligibility of work? Yes No
9. Have you ever been employed with us before? Yes No
 If yes, give date _____
10. Are you currently employed? Yes No
11. May we contact your present employer? Yes No
12. Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No
(Proof of citizenship or immigration status will be required upon employment.)

13. Education: *(If Job Announcement requires course work in specific areas, please attach a list of courses completed.)*

	Name of School City, State	Course of Study	Years Completed	Diploma / Degree
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

14. Indicate any foreign languages you can speak, read and / or write.

	Fluent	Good	Fair
Speak			
Read			
Write			

If you need additional space, please continue on a separate sheet of paper.

15. Describe any specialized training, apprenticeship, skills and extra-curricular activities. _____

16. Other Qualifications (state any additional information you feel may be helpful to us in considering your application). _____

17. Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations, which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer	Dates	Work Performed
Address		
Telephone Number(s)		
Job Title Supervisor		
Reason for Leaving		
Employer	Dates	Work Performed
Address		
Telephone Number(s)		
Job Title Supervisor		
Reason for Leaving		
Employer	Dates	Work Performed
Address		
Telephone Number(s)		
Job Title Supervisor		
Reason for Leaving		

If you need additional space, please continue on a separate sheet of paper

18. References

1.

	Phone #
Name	
	City, State Zip
Address	

2.

	Phone #
Name	
	City, State Zip
Address	

3.

	Phone #
Name	
	City, State Zip
Address	

19. Certification of Applicant: I certify that all statements made in this entire application, including any attachments, are true and complete to the best of my knowledge. I understand that any false statements of material facts will subject me to disqualification or dismissal.

Name (Please Print)	Signature	Date
Address	City, State	Zip