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, martial 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? ☐ Advertisement ☐ Friend ☐ Walk-In ☐ Employment Agency ☐ Website ☐ Relative ☐ Certification Mailing ☐ Internet ☐ Other _____

4. Last Name	First Name	Middle Name

5. Address Street	City	State	Zip Code

6. Telephone Numbers (s)	7. E-Mail Address

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? If yes, give date _____ ☐ Yes ☐ No

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? *(Proof of citizenship or immigration status will be required upon employment.)* ☐ Yes ☐ No

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.

Name _____ Phone # _____

Address _____ City, State Zip _____

2.

Name _____ Phone # _____

Address _____ City, State Zip _____

3.

Name _____ Phone # _____

Address _____ City, State Zip _____

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 _____