

Job Application



CITY OF YUBA CITY
Human Resources Department
1201 Civic Center Blvd.
Yuba City, CA 95993
Telephone (530) 822-4610
Fax (530) 822-4805
www.yubacity.net

IMPORTANT:

1. Please complete this application form **only** if you meet the requirements of the position as described in the job announcement.
2. You must list a specific job title
3. Applications are subject to disqualification if not signed and/or completed fully.
4. All applications must be in the Human Resources Department by the published closing date. **POST MARKS DO NOT QUALIFY.**

Job Applying For

JOB TITLE: _____

Basic Information

NAME:

First: _____ M.I.: _____ Last: _____

ADDRESS:

Address Line 1: _____ Address Line 2: _____
City: _____ State/Province/Region: _____ Postal/Zip Code: _____ Country: _____

TELEPHONE:

Primary: _____ Secondary: _____ Are you eligible to work in the U.S.? _____ Yes ☐ No ☐

DRIVER'S LICENSE:

D.L. Number: _____ D.L. State: _____ D.L. Class: _____ EMAIL: _____

Education

Highest year completed _____ less than 8 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐ Did you graduate from High School or receive a GED? _____ Yes ☐ No ☐

HS ATTENDED: _____ LOCATION OF HS/GED: _____

List any degrees received or in progress:

	School Name	Location (City & State)	Major	Degree	Unit Comp.
1					
2					
3					
4					

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Specialized Training

List specialized training which resulted in certification, accreditation or license, etc.:

	Type of Training	Institution	Certification, Accreditation, or License
1			
2			
3			

List special skills, other relevant information, or provide clarification:

Work Experience

I have no previous experience: ☐

May we contact your current or most recent employer? _____ ☐ Yes ☐ No

Begin with your current or most recent experience. List work record history and other pertinent experience. **Failure to list work experience or stating "See Resume" will be considered an incomplete application and subject to rejection.** Resumes should be attached to an application.

1 COMPANY NAME:

Address: _____ Telephone: _____
Job title: _____ Start date: _____ End date: _____ Reason for leaving: _____
Hours/wk.: _____ Supervisor: _____ # of employees supervised: _____

Describe this work experience (*do not write "See Resume"*):

2 COMPANY NAME:

Address: _____ Telephone: _____
Job title: _____ Start date: _____ End date: _____ Reason for leaving: _____
Hours/wk.: _____ Supervisor: _____ # of employees supervised: _____

Describe this work experience (*do not write "See Resume"*):

Job Application

Work Experience cont.

3 COMPANY NAME:

Address: _____ Telephone: _____
Job title: _____ Start date: _____ End date: _____ Reason for leaving: _____
Hours/wk.: _____ Supervisor: _____ # of employees Supervised: _____

Describe this work experience (*do not write "See Resume"*):

4 COMPANY NAME:

Address: _____ Telephone: _____
Job title: _____ Start date: _____ End date: _____ Reason for leaving: _____
Hours/wk.: _____ Supervisor: _____ # of employees Supervised: _____

Describe this work experience (*do not write "See Resume"*):

If you would like to provide additional work experience, please list on a separate sheet and attach to application.

Additional Experience

List any additional experience (*volunteering, internships, etc.*):

Work Qualifications

Are you over 18 years of age? _____ Yes ☐ No ☐
(Employment is subject to verification that you meet any legal age requirements for any jobs for which you may apply.)

Are you related to anyone at this agency? _____ Yes ☐ No ☐
If "Yes", please provide name and relationship:

Work Qualifications Cont.

Have you ever been discharged or requested to resign from any position for misconduct or unsatisfactory service? _____

Yes ☐ No ☐

If "Yes", please explain fully

Job Origin

I first learned of this job opening through (please check one)

CITY RELATED

- ☐ Human Resources Dept.
- ☐ City Employee
- ☐ City Job Bulletin
- ☐ City Website
- ☐ City Job Hotline
- ☐ Direct Mailer
- ☐ Job Fair

NEWSPAPER

- ☐ Appeal Democrat
- ☐ Jobs Available
- ☐ Sacramento Bee

INTERNET

- ☐ CalOpps.org
- ☐ Craigslist.org
- ☐ Monster.com
- ☐ GovJobs.com
- ☐ HotJobs.com
- ☐ Facebook

PUBLIC SECTOR PUBS

- ☐ Jobs Available
- ☐ Western City
- ☐ ICMA Newsletter
- ☐ City & State

SPECIALIZED PUBS

- ☐ The Recorder
- ☐ Daily Journal
- ☐ Planners Network
- ☐ CA Job Journal

OTHER

☐ _____

DISABLED APPLICANTS: The City will make reasonable accommodations in the exam process to accommodate disabled applicants. If you are invited to participate in any test process and have a disability for which you require an accommodation, please inform the Human Resources so aids or services can be arranged.

I hereby certify that all statements made in this application are true and I agree and understand that any misstatement or omission of material fact will cause forfeiture on my part of all rights of employment with the City of Yuba City. I authorize investigation of all matter contained in this application. If offered a position, I further agree to submit to a complete medical examination, including a substance abuse test, by the City physician as a condition of employment. I further agree to be fingerprinted, to sign an oath or office, and to furnish proof of age, education, and either citizenship or the legal right to work in the United States of America upon appointment.

Signature: _____ Date: _____

Equal Employment Opportunity Questionnaire

Please complete both parts of this form. This information is voluntary and is gathered in accordance with State and Federal laws for the purpose of evaluation the effectiveness of our Equal Employment Opportunity policy and recruitment efforts. This information will not be used for employment discussions.

ETHNICITY

- ☐ Caucasian
- ☐ African-American
- ☐ Hispanic
- ☐ Asian/Pacific Islander
- ☐ Native American/Alaskan
- ☐ Two or More Races (Not of Hispanic Origin)
- ☐ Biracial/Other: _____

GENDER

- ☐ Male
- ☐ Female

VETERANS STATUS

- ☐ Yes
- ☐ No

DISABILITIES

- ☐ None
- ☐ Hearing
- ☐ Sight
- ☐ Speech
- ☐ Other: _____