



CITY OF SONORA

“A Fair and Equitable Public Entity”

EMPLOYMENT APPLICATION FOR:

(State Exact Job Title)

PLEASE TYPE OR PRINT IN INK

Equal opportunity in appointments is an important City policy. It means that applicants and employees are considered only on the basis of their qualifications and potential regardless of race, religion, creed, political affiliation, color, national origin, ancestry, sex, sexual orientation, age, familial status, medical condition, pregnancy, or mental or physical disability.

1. NAME _____
Last Name First Name Middle Initial
2. RESIDENCE ADDRESS _____
Number Street City/State Zip Code
3. MAILING ADDRESS _____
Number Street City/State Zip Code
4. TELEPHONE NUMBER: Home () Business ()
E-MAIL ADDRESS: Cell ()
5. DRIVER'S LICENSE _____ / _____ / _____
Class No. State
6. SOCIAL SECURITY NO. _____
7. PROFESSIONAL CERTIFICATES/LICENSES/REGISTRATIONS _____ / _____
Number & State Number & State
8. ARE YOU RELATED TO ANYONE WORKING FOR THE CITY OF SONORA? ____ YES ____ NO
If yes, name of employee _____
9. HAVE YOU EVER BEEN CONVICTED OF A CRIME THAT HAS NOT BEEN EXPUNGED, SEALED, PARDONED, ANNULLED, STATUTORILY ERADICATED OR DISMISSED UPON CONDITION OF PROBATION? **(If yes, state details on a separate sheet of paper. Conviction is not a necessary bar to appointment. Each case will be given individual consideration, based upon job-relatedness.)** You should answer “No Record” with respect to any conviction for a marijuana offense if the conviction occurred more than two years prior to the date this application is completed. In addition, do not provide any information regarding a referral to and participation in any pre-trial or post-trial program.
____ YES ____ NO RECORD
10. MAY WE CONTACT YOUR PRESENT EMPLOYER AS TO YOUR QUALIFICATIONS, CHARACTER, WORK RECORD? (Will contact only if you authorize.) ____ YES ____ NO
11. ARE YOU LEGALLY ELIGIBLE TO WORK WITHIN THE U.S.A.? ____ YES ____ NO
Upon offer of an assignment, you will be required to show proof acceptable to the City of such eligibility.
12. ARE THERE ANY HOURS, SHIFTS, OR DAYS YOU CAN'T OR WON'T WORK? ____ YES ____ NO
If yes, please state _____

EDUCATION

13. Circle Highest Grade Completed	High School Last Attended	Location (City/State)	
1 2 3 4 5 6 7 8 9 10 11 or Graduate/GED			
College, Business or Trade School Attended and Location	Major Subjects	Semester Units	Degree

CURRENT EMPLOYMENT

For Current and Previous Employment, be as complete as possible, leaving no blanks. Listing "See Resume" is not acceptable.

Title: _____	Duties: _____
Employed From: _____	_____
To: _____	_____
Employer: _____	_____
Supervisor: _____	_____
Supervisor's Phone: () _____	_____
Salary: _____	_____
Reason For Leaving: _____	_____
_____	_____

PREVIOUS EMPLOYMENT

List most recent experience first. Carefully account for all employment, paid and unpaid, **over the past 10 years**. If you wish to elaborate on your experience, a supplemental sheet or resume may be attached, but this section must be completed. Include military service if applicable.

Title: _____	Duties: _____
Employed From: _____	_____
To: _____	_____
Employer: _____	_____
Supervisor: _____	_____
Supervisor's Phone: () _____	_____
Salary: _____	_____
Reason For Leaving: _____	_____
_____	_____

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Supervisor's Phone: () _____	_____
Salary: _____	_____
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_____	_____

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Employer: _____	_____
Supervisor: _____	_____
Supervisor's Phone: () _____	_____
Salary: _____	_____
Reason For Leaving: _____	_____
_____	_____

ANY POSITION THAT REQUIRES AN UNDERGRADUATE OR GRADUATE DEGREE AND/OR A CERTIFICATE/LICENSE (Including P.O.S.T.), MUST INCLUDE A COPY OF THE DEGREE OR CERTIFICATE/LICENSE WITH THE COMPLETED APPLICATION.

IMPORTANT - APPLICANT'S CERTIFICATION AND AGREEMENT

I certify that the facts set forth in this application are true and complete to the best of my knowledge. I understand that if I am appointed, false statements on this Application could lead to disciplinary action up to and including dismissal from the appointment. I also understand that I will undergo a background check prior to any appointment.

The City is hereby authorized to make any investigation of the facts set forth in this Application, and I hereby authorize any previous employer to release any personnel related facts/data requested by the City of Sonora, including access to my personnel file.

I hereby knowingly, voluntarily, specifically, and permanently waive any rights I may have to examine, review, or to otherwise discover the contents of this investigation and all documents related thereto, whether by request, appeal, grievance, or by legal process.

I understand and agree that the length of my appointment is not guaranteed and that no supervisor, manager or other employee has any authority to alter the foregoing.

Signature _____ Date _____