

# APPLICATION FOR EMPLOYMENT

## CITY OF LAKEPORT

225 Park Street  
Lakeport, CA 95453



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

(PLEASE PRINT)

Position(s) Applied for	Date of Application
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How Did You Learn About Us?

<input type="checkbox"/> Advertisement	<input type="checkbox"/> Relative	<input type="checkbox"/> Inquiry
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Friend	<input type="checkbox"/> Other

Last Name	First Name	Middle Name
Mailing Address: Number      Street      City      State      Zip Code		
Telephone Numbers(s)	E-Mail Address	

Best time to contact you at home is: ..... :       AM     PM

If you are under 18 years of age, can you provide required proof of your eligibility to work?.....  Yes       No

Have you ever filed an application with us before? If Yes, give date .....  Yes       No

Have you ever been employed with us before? If Yes, give date .....  Yes       No

Are you related to any City of Lakeport employee? .....  Yes       No

If yes, name of relative:      Relationship:

Are you currently employed? .....  Yes       No

May we contact your present employer?.....  Yes       No

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*

Date available for work      /      /      What is your desired salary range?

Are you available to work     Full-Time    (please indicate  1     2     3 shift)

Part-Time    (Please indicate  Mornings     Afternoon     Evenings)

Temporary    (please indicate dates available:      /      /      to      /      /

Are you currently on "lay-off" status and subject to recall? .....  Yes       No

Can you travel if a job requires it?.....  Yes       No

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

## EDUCATION

	Name and Address of School	Course of Study	No of Years Completed	Diploma Degree
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Describe any specialized training, apprenticeship, skills, and extra-curricular activities:

Explain all “yes” response from below:

Have you ever been fired or forced to resign?  Yes  No

Please explain:

While in the military service, were you ever convicted by a general court martial?  Yes  No

Please explain:

Have you ever been convicted (including a plea of guilty or no contest which resulted in a criminal conviction) of a crime? (Exclude misdemeanor convictions for marijuana-related offenses more than two years old; notwithstanding any of the preceding, you should not disclose convictions that are over two years old as of the date that you complete this application for violation of *Health and Safety Code* Sections 11357, 11360, 11364, 11365, or 11550, as those statutes related to marijuana prior to January 1, 1976 or a statutory predecessor to these statutes).  Yes  No

If yes, briefly describe the nature of the crime(s), the date and the place of conviction(s), the case number, and the legal disposition of the case:

The City will not deny employment to any applicant solely because the person has been convicted of a crime. The City, however, may consider the nature, date, and circumstances of the offense as well as whether the offense is relevant to the duties of the position.

# EMPLOYMENT EXPERIENCE

**BEGIN WITH YOUR MOST RECENT JOB—LIST EACH JOB SEPARATELY.** List all jobs regardless of duration, including part-time jobs, military service and any periods of unemployment during the last ten years. Also list volunteer experience and jobs held more than ten years ago which relate to the job for which you are applying. If you have no work experience, indicate NONE. Please Note: Incomplete information will delay the processing of your application.

1.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
	Reason for Leaving:				
2.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
	Reason for Leaving:				
3.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
	Reason for Leaving:				
4.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
	Reason for Leaving:				

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

## ADDITIONAL INFORMATION

List professional, trade, business or civic activities and offices held (You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability, or other protected status). State any additional information that may be helpful in considering this application

**Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.** Are you capable of performing in a reasonable manner; with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given.  Yes  No

## References

1.	Name, Relationship, and Address:	Phone: (     )
		Email:
2.	Name, Relationship, and Address:	Phone: (     )
		Email:
3.	Name, Relationship, and Address:	Phone: (     )
		Email:

## APPLICANT'S STATEMENT

I certify that the answers given herein are true and complete. I authorize the investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law or City policy, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

### FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview  Yes  No

Remarks: