



APPLICATION FOR EMPLOYMENT

643 Quince Street • Mendota, CA 93640 • PHONE (559) 655-3291 • FAX (559) 655-4064 • <http://ci.mendota.ca.us>

FOR PERSONNEL USE ONLY:	
Date Received:	_____
By:	_____
Accepted	Denied
Reason:	_____

The City of Mendota is an Equal Opportunity Employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability or handicap, or veteran status.

Instructions:

1. Answer all questions completely and accurately. (***Do not write "See Resume"*** ; all statements are subject to verification)
2. Type or print legibly in ink.
3. Late or incomplete application will be rejected.

1. Name: Last	First	Middle	2. Title of position for which you are applying:		
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3. Address: Number	Street	City	State	Zip Code
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4. Phone number:	5. Date you can start:	6. If required, will you work: <i>(Circle all that apply)</i>			
		Rotating Shifts	Overtime	Saturdays	Sundays

7. Do you have a valid Class C California Driver's License? <i>(Circle response)</i>	Yes	No
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8. Have you ever been employed by the City of Mendota? <i>(Circle response)</i>	Yes	No	9. If hired, can you show verification of your right to work in the United States? <i>(Circle response)</i>	
<i>If "Yes" list date of employment and position held: _____</i>				
Do you have any relatives employed by the City of Mendota? <i>(Circle response)</i>	Yes	No		
<i>If "Yes" state names: _____</i>			Yes	No

10. Education & training:
 Circle highest level of education you have completed: High School or GED Some College Associates Degree Bachelors Degree Masters Degree Doctorate Degree

If you do not have a high school diploma or a GED certificate, please circle the highest grade completed: 1 2 3 4 5 6 7 8 9 10 11

Name and Location of College, University, Business, Technical, or other schools	Major Course of Study	Type of Degree	Month & Year of Degree Completion

Licenses, Registration, Certificates of professional or vocational competence:

Computer Literacy: Check the software you are adept at using or are skilled in:
 Access ___ Excel ___ MS Word ___ Outlook ___ PowerPoint ___ Windows ___ WordPerfect ___
 Other: _____

11. Describe any other job related skills:

12. State fully why you believe you are qualified for this position:

13. Where did you hear of this job opportunity? *(please be specific, i.e. which newspaper, which website, etc.)*

14. Experience: List all jobs you have had in the last ten years; list your present or most recent job first. Failure to list the related experience required or failure to provide any of the information requested will result in your application being considered incomplete and therefore subject to rejection. **Do not write "See Resume"**. If more space is required, you may attach additional sheets, but a resume will not substitute for the information required in this section.

Dates Employed: From: _____ To: _____		Employer:	Your Title:
Hours Weekly:	Department:	Address:	Reason for Leaving:
Supervisor:		Duties:	
Supervisor's Title:			
Supervisor's telephone number:			
Dates Employed: From: _____ To: _____		Employer:	Your Title:
Hours Weekly:	Department:	Address:	Reason for Leaving:
Supervisor:		Duties:	
Supervisor's Title:			
Supervisor's telephone number:			
Dates Employed: From: _____ To: _____		Employer:	Your Title:
Hours Weekly:	Department:	Address:	Reason for Leaving:
Supervisor:		Duties:	
Supervisor's Title:			
Supervisor's telephone number:			
Dates Employed: From: _____ To: _____		Employer:	Your Title:
Hours Weekly:	Department:	Address:	Reason for Leaving:
Supervisor:		Duties:	
Supervisor's Title:			
Supervisor's telephone number:			

15. May we contact your employers? (Circle response) Yes No

Comments:

READ CAREFULLY: I certify that the statements contained in this application are true and complete and understand that falsified statements on this application will subject me to disqualification or dismissal. I understand that reference checks may be made regarding my past employment and I authorize investigation of all statements contained herein.

SIGNATURE _____ DATE _____