



CITY OF EXETER

P.O. BOX 237
 100 NORTH C STREET
 EXETER, CA 93221
 PHONE (559)592-9244
 www.cityofexeter.com

An Equal Opportunity Employer

EMPLOYMENT APPLICATION

INSTRUCTIONS: *Applications are screened for position, qualifications and requirements.* Please read the job announcement and job description carefully and apply only if you feel reasonably certain that you meet the minimum qualifications. Print legibly in ink or type. Do not skip any sections. If a section does not apply to you, write N/A. Attach additional sheets if necessary. Do not forget to sign your application in ink. **It is the applicant's responsibility to ensure that the application is received in the Human Resources office by the filing deadline.** Late applications will be rejected. Emailed and faxed applications will not be accepted.

(Refer to the job announcement or job description)

TITLE OF THE POSITION FOR WHICH YOU ARE APPLYING: _____

NAME: _____
Last Name First Name Middle Initial

ADDRESS: _____
Street/P. O. Box City State Zip Code

TELEPHONE NO.: () _____ () _____ () _____
Home Phone Cell Phone Business/Work Phone

EMAIL ADDRESS: _____

DRIVER'S LICENSE NUMBER: _____ CLASS: _____ STATE: _____ EXPIRES: _____

EDUCATION

Check the appropriate box if you possess one of the following: High School Diploma G.E.D. Certificate
 High School Equivalency Certificate Other High School level Certificate (please specify): _____
 Highest Grade or Educational Level Achieved: _____ Please complete all applicable educational information below

High School Name: _____ City & State: _____

Names of Colleges/Universities Attended	Course of Study/Major	Degree Awarded		Type of Degree/ Units Completed	Dates Attended	
		Yes	No		From	To

Other Schools/Training Completed	Course Studied	Hours/Units Completed	Certificate Awarded	Dates Attended	
				From	To

Licenses, certificates and/or registrations required or applicable for this position (i.e. POST Certificate, Professional Registration, etc)				
License/Certificate Title	Date Issued	Expiration Date	License/Certificate #	State of Issue

Please list any other experiences, certificates, licenses, skills or special training that are **related** to the position for which you are applying.

WORK EXPERIENCE

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

Please list all jobs you have held within the last ten years. Begin with your current or most recent experience. List each position you held with the same employer separately. List work record history and include any other pertinent experience. **Failure to list work experience will render this an incomplete application and the application will be rejected.** Resumes may be submitted but must be accompanied by a completed application.

1. COMPANY NAME _____
Address _____ Telephone _____
Job Title _____ From Mo/Yr _____ To Mo/Yr _____
Hours per week _____ Salary per month \$ _____ Supervisor _____
Did you supervise any employees? Yes No If yes, how many employees did you supervise? _____
Describe your job duties with this employer

2. COMPANY NAME _____
Address _____ Telephone _____
Job Title _____ From Mo/Yr _____ To Mo/Yr _____
Hours per week _____ Salary per month \$ _____ Supervisor _____
Did you supervise any employees? Yes No If yes, how many employees did you supervise? _____
Describe your job duties with this employer

3. COMPANY NAME _____
Address _____ Telephone _____
Job Title _____ From Mo/Yr _____ To Mo/Yr _____
Hours per week _____ Salary per month \$ _____ Supervisor _____
Did you supervise any employees? Yes No If yes, how many employees did you supervise? _____
Describe your job duties with this employer

4. COMPANY NAME _____
Address _____ Telephone _____
Job Title _____ From Mo/Yr _____ To Mo/Yr _____
Hours per week _____ Salary per month \$ _____ Supervisor _____
Did you supervise any employees? Yes No If yes, how many employees did you supervise? _____
Describe your job duties with this employer

WORK EXPERIENCE (CONT'D)

5. COMPANY NAME _____

Address _____ Telephone _____

Job Title _____ From Mo/Yr _____ To Mo/Yr _____

Hours per week _____ Salary per month \$ _____ Supervisor _____

Did you supervise any employees? Yes No If yes, how many employees did you supervise? _____

Describe your job duties with this employer

Explain any gaps in your employment, other than those due to personal illness, injury or disability.

ADDITIONAL EXPERIENCE

List any additional experience (*volunteering, internship, hobbies, etc.*)

SUPPLEMENTAL QUESTIONS

Have you ever been terminated or forced to resign? Yes No
If YES, give name and address of employer, reason for release and dates of employment.
(A yes answer is not necessarily a bar to employment. Each case is given individual consideration, based on job relatedness.)

Are you now or have you ever been employed by the City of Exeter? Yes No
If YES, please provide complete detail including dates:

Are you related by blood or marriage to any City of Exeter employee? Yes No
If Yes, state name(s) and relationship(s). _____

If you are under 18 and it is required, can you furnish a work permit? Yes No N/A
If No, please explain: _____

Are you lawfully authorized to work in the United States? Yes No

List any languages you speak **fluently** other than English: _____

REFERENCES

List names and telephone numbers of three business/work references who are not related to you and are not previous supervisors.
If not applicable, list three school or personal references who are not related to you.

Name	Title	Relationship to You	Telephone	E-mail
			()	
			()	
			()	

APPLICANT CERTIFICATION

I hereby certify that all statements made on or in connection with this application, including my training, education and experience are true and complete to the best of my knowledge and belief. I understand and agree that any misstatements or omissions of material fact herein will cause forfeiture on my part of all rights to employment by the City of Exeter. I further understand that any offer of employment is conditional upon my ability to meet the established requirements of the job. These requirements include but may not be limited to: undergoing a pre-employment physical, including a drug screen, by a physician of the City's choosing; undergoing a fingerprint background check; signing an oath of office; and furnishing proof of either citizenship or the legal right to work in the United States of America upon appointment.

Applicant's Signature

Date

DISABLED APPLICANTS: The City of Exeter 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 contact the City.

(THIS PAGE WILL BE DETACHED FROM YOUR APPLICATION AND FILED SEPARATELY)

COMPLETION OF THIS SECTION IS OPTIONAL

HOW DID YOU FIND OUT ABOUT THE JOB?

Newspaper	Friend	Publication	Job Announcement
Internet	Radio	Bulletin Board	City email notice
Craigslist	Facebook	Job Fair	Other

NOTE: RACE/ETHNICITY AND GENDER INFORMATION IS FOR STATISTICAL PURPOSES ONLY AND IS NOT USED IN HIRING

RACE / ETHNIC DATA

White	Black	Hispanic	Asian
Indian	American Indian or Alaskan Native	Native Hawaiian or Pacific Islander	Other

GENDER DATA

Male	Female
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