



**CITY OF GREENFIELD**  
599 El Camino Real, P.O. Box 127  
Greenfield, CA 93927  
(831) 674-5591

**APPLICATION FOR EMPLOYMENT**  
*Incomplete or illegible applications will not be accepted.*

TITLE OF POSITION		SOCIAL SECURITY NUMBER	ARE YOU UNDER 18? <input type="checkbox"/> YES <input type="checkbox"/> NO
APPLICANT'S NAME (LAST)		(FIRST)	(MIDDLE)
ADDRESS (STREET & MAILING)		(CITY)	(STATE) (ZIP)
CELLULAR PHONE # ( )	MESSAGE TELEPHONE # ( )	DO YOU PRESENTLY POSSESS A VALID CALIFORNIA DRIVER'S LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
WORK/BUSINESS PHONE # ( )		LICENSE #: CLASS: EXPIRATION: / / Applicant must provide a current DMV printout issued within 30 days of the final filing date. Application is considered incomplete without printout.	
E-MAIL ADDRESS:		HAVE YOU EVER WORKED FOR THE CITY OF GREENFIELD? <input type="checkbox"/> YES <input type="checkbox"/> NO	
LIST ANY OTHER NAMES USED:		FROM: TO:	
I AM AVAILABLE FOR EMPLOYMENT ON A TEMPORARY BASIS <input type="checkbox"/> PART TIME BASIS <input type="checkbox"/> F/T BASIS <input type="checkbox"/>		AVAILABLE FOR SHIFT DAY <input type="checkbox"/> SWING <input type="checkbox"/> NIGHT <input type="checkbox"/>	
ARE YOU A U.S.CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NATURALIZED, DATE OF CITIZENSHIP AND COUNTRY OF BIRTH: IF NO, TYPE OF VISA AND EXPIRATION DATE: ALIEN REGISTRATION#		DO YOU HAVE ANY RELATIVE(S) CURRENTLY EMPLOYED BY THE CITY OF GREENFIELD? <input type="checkbox"/> YES <input type="checkbox"/> NO NAME _____ RELATIONSHIP _____	
THE CITY OF GREENFIELD COMPLIES WITH THE AMERICANS WITH DISABILITIES ACT. ARE THERE ANY REASONS YOU MAY HAVE DIFFICULTY PERFORMING ANY OF THE MAJOR DUTIES OF THE JOB FOR WHICH YOU HAVE APPLIED? <input type="checkbox"/> YES <input type="checkbox"/> NO			
IF SO, PLEASE EXPLAIN:			
IF APPLICABLE TO THE POSITION WHICH YOU ARE SEEKING, INDICATE OTHER SKILLS SUCH AS TYPING SPEED, BUSINESS MACHINES, COMPUTER HARDWARE OR SOFTWARE THAT YOU OPERATE, ETC.			
BILINGUAL LANGUAGE SKILLS: LANGUAGE: <input type="checkbox"/> SPEAK <input type="checkbox"/> WRITE <input type="checkbox"/> TRANSLATE			

**AN EQUAL OPPORTUNITY EMPLOYER**

EDUCATIONAL INSTITUTIONS	LOCATION	DATES ATTENDED		MAJOR SUBJECT	UNITS	DEGREE OR CERTIFICATE
		FROM	TO			
HIGH SCHOOL						
COLLEGE/UNIVERSITY						

LICENSES, CERTIFICATIONS OR PROFESSIONAL REGISTRATIONS (You may omit associations which indicate race, religious creed, color, national origin, ancestry, sex or age)

TYPE	NO.	EXPIRATION DATE
TYPE	NO	EXPIRATION DATE

PROFESSIONAL ORGANIZATIONS, SOCIETIES, MEMBERSHIPS

Experience

List your work experience for the last 10 years, beginning with your current or most recent. List your experience to cover your work experience for the past 10 years as well as your past 3 employers. List full and part-time jobs, volunteer, self –employment and unemployment. Please do not leave any unexplained breaches of work history. Include Military services if it is related to this position. List each promotion separately. Experience beyond 10 years ago should be included if it is directly related to the position for which you are applying. You may use additional sheets to complete your work history. A resume may be attached but it is **NOT** a substitute for completing this section. **THIS SECTION MUST BE COMPLETED.** Incomplete applications will not be considered.

NAME OF EMPLOYER	TYPE OF BUSINESS	NO. OF EMPLOYEES
ADDRESS	NO. OF PERSONS YOU SUPERVISED	NAME AND TITLE OF SUPERVISOR
TELEPHONE NUMBER	MAY WE CONTACT NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO	REASON FOR LEAVING
DATES EMPLOYED	BRIEF DESCRIPTION OF DUTIES	
JOB TITLE		
SALARY/HOURS PER WEEK		

NAME OF EMPLOYER	TYPE OF BUSINESS	NO. OF EMPLOYEES
ADDRESS	NO. OF PERSONS YOU SUPERVISED	NAME AND TITLE OF SUPERVISOR
TELEPHONE NUMBER	MAY WE CONTACT NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO	REASON FOR LEAVING
DATES EMPLOYED	BRIEF DESCRIPTION OF DUTIES	
JOB TITLE		
SALARY/HOURS PER WEEK		

NAME OF EMPLOYER	TYPE OF BUSINESS	NO. OF EMPLOYEES
ADDRESS	NO. OF PERSONS YOU SUPERVISED	NAME AND TITLE OF SUPERVISOR
TELEPHONE NUMBER	MAY WE CONTACT NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO	REASON FOR LEAVING
DATES EMPLOYED	BRIEF DESCRIPTION OF DUTIES	
JOB TITLE		
SALARY/HOURS PER WEEK		

NAME OF EMPLOYER	TYPE OF BUSINESS	NO. OF EMPLOYEES
ADDRESS	NO. OF PERSONS YOU SUPERVISED	NAME AND TITLE OF SUPERVISOR
TELEPHONE NUMBER	MAY WE CONTACT NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO	REASON FOR LEAVING
DATES EMPLOYED	BRIEF DESCRIPTION OF DUTIES	
JOB TITLE		
SALARY/HOURS PER WEEK		
NAME OF EMPLOYER	TYPE OF BUSINESS	NO. OF EMPLOYEES
ADDRESS	NO. OF PERSONS YOU SUPERVISED	NAME AND TITLE OF SUPERVISOR
TELEPHONE NUMBER	MAY WE CONTACT NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO	REASON FOR LEAVING
DATES EMPLOYED	BRIEF DESCRIPTION OF DUTIES	
JOB TITLE		
SALARY/HOURS PER WEEK		
NAME OF EMPLOYER	TYPE OF BUSINESS	NO. OF EMPLOYEES
ADDRESS	NO. OF PERSONS YOU SUPERVISED	NAME AND TITLE OF SUPERVISOR
TELEPHONE NUMBER	MAY WE CONTACT NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO	REASON FOR LEAVING
DATES EMPLOYED	BRIEF DESCRIPTION OF DUTIES	
JOB TITLE		
SALARY/HOURS PER WEEK		
ADDITIONAL WORK HISTORY SPACE ON THE BACK OF THIS SHEET		
NAME OF EMPLOYER	TYPE OF BUSINESS	NO. OF EMPLOYEES
ADDRESS	NO. OF PERSONS YOU SUPERVISED	NAME AND TITLE OF SUPERVISOR
TELEPHONE NUMBER	MAY WE CONTACT NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO	REASON FOR LEAVING
DATES EMPLOYED	BRIEF DESCRIPTION OF DUTIES	
JOB TITLE		
SALARY/HOURS PER WEEK		

1. I hereby certify that all statements made in this application are true and complete, and any misstatements, omissions, or falsifications of material facts **will be cause** of my in immediate termination of my employment with the City of Greenfield.

2. I understand that employment is contingent upon successful completion of a job related physical examination, background check and I agree to be fingerprinted

3. I authorize the release of any information necessary to verify the statements made in this application to the City of Greenfield or its duly authorized agents.

4. I understand that employment is contingent upon my providing verification of my identity and legal right to work in the U.S.

5. I understand that in order for me to be considered for employment by the City of Greenfield I must submit to a pre-employment Drug Screening that consists of a urine test to determine the presence of illegal drugs. I will be asked to submit to this test after a contingent offer of employment has been extended to me. I understand that if the results of these tests are positive, the City of Greenfield will withdraw the contingent offer of employment and I will not be considered further for employment.

DATE \_\_\_\_\_ SIGNATURE OF APPLICANT \_\_\_\_\_

**AN EQUAL OPPORTUNITY EMPLOYER**

