

## CITY OF GREENFIELD EMPLOYMENT APPLICATION

599 El Camino Real Greenfield, CA 93927 831.674.5591

Incomplete or illegible applications will not be accepted.

TITLE OF POSITION YOU ARE APPLYING FOR				ARE YOU UNDER 18?			
	YES NO						
APPLICANT'S NAME (LAST)	APPLICANT'S NAME (LAST) (FIRST)						
( ,	CONTROL (CASI) (LINOI)			(MIDDLE)			
ADDRESS (STREET & MAIL	ING)	(CITY)	(5	STATE) (ZIP)			
(0=.		(3111)	,,	(2)			
CELLULAR PHONE #	MESSAGE TELEPHONE #	DO YOU PRES	ENTLY POSSESS A VALID CALIFORNIA DR	VER'S LICENSE? YES NO			
( )	( )	Applie	ant must provide a currer	at Official DMV printout by filing			
				t Official DMV printout by filing			
		uale. Ap		complete without printout and will			
			NOT BE CO	NSIDERED.			
E-MAIL ADDRESS:			HAVE YOU EVER WORKED FOR	THE CITY OF GREENFIELD?			
			YES	L NO			
LIST ANY OTHER NAMES USED	):						
			FROM: TO:				
ARE YOU A U.S.CITIZEN?	YES NO	D	O YOU HAVE ANY RELATIVE(S) CU	RRENTLY EMPLOYED BY THE CITY OF			
IF NATURALIZED, DATE OF CIT	IZENSHIP AND COUNTRY OF BIRTH:	G	GREENFIELD?				
IF NO, TYPE OF VISA AND EXPIRATION DATE:			YES NO				
ALIEN REGISTRATION#			NAME				
		_					
			RELATIONSHIP				
THE CITY OF GREENFIELD COM	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 JO	OB FOR WHICH YOU HAVE APPLIED?						
	☐ YES ☐ NO						
IF SO, PLEASE EXPLAIN:							
IE ADDI ICARI E TO THE DOCITION	LE ADDITION DE TO THE DOCITION WHICH VOLLADE CERVING INDICATE OTHER CIVIL O CHOU ACTIVING COPEED PHONESCO MACHINES COMMISSION OF CO						
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.							
55							
BILINGUAL LANGUAGE SKILLS:	:						
LANGUAGE:			SPEAK WRITE TRANSLATE				
		0/ut with					

AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION AND TRAINING MARK H	HIGHEST GRADE COMPLE	TED: 8	9 10	11	12	(G.E.D.)	
COLLEGE 1 2 3 4	POST-GRADUATE						
EDUCATIONAL LOG INSTITUTIONS		DATES ATTENDED		BJECT	UNITS	DEGREE OR CERTIFICATE	
HIGH SCHOOL	FROM	ТО					
COLLEGE/UNIVERSITY	FROW	10					
LICENSES, CERTIFICATIONS OR PROFESSION	AL REGISTRATIONS (You n	nay omit associa	ations which ind	icate race, religio	ous creed, co	olor, national origin, ancestry, sex or age)	
TYPE	NO.			E	(PIRATIO	N DATE	
TYPE	NO			EXPIRATION DATE			
PROFESSIONAL ORGANIZATIONS, SO	CIETIES, MEMBERSHIF	PS					
Experience List your work experience for the last 10 years as well as your past 3 employers. List of work history. Include Military services if it directly related to the position for which you a substitute for completing this section. THIS S	full and part-time jobs, vol is related to this position.	unteer, includi List each pro	ng self-emplo motion separ	yment and une ately. Experie	employmen nce bevon	t. Please do not exclude any breaches to 10 years, should be included if it is	
NAME OF EMPLOYER		TYPE OF BU	ISINESS				
ADDRESS		NO. OF PERSONS YOU SUPERVISED		NAME AND TITLE OF SUPERVISOR			
	MAY WE	CONTACT NOW	?	REASON FOR	RLEAVING		
TELEPHONE NUMBER		YES	□ NO				
DATES EMPLOYED	BRIEF DE	SCRIPTION OF	DUTIES				
JOB TITLE							
NAME OF EMPLOYER		TYPE OF BU	ISINESS				
ADDRESS	NO. OF P	ERSONS YOU S	UPERVISED	NAME AND TI	TLE OF SUP	ERVISOR	
	MAY WE	CONTACT NOW	?	REASON FOR	RLEAVING		
TELEPHONE NUMBER		□YES [	NO				
DATES EMPLOYED		BRIEF DESCRIPTION OF DUTIES					
JOB TITLE							
NAME OF EMPLOYER	·	TYPE OF BU	SINESS			•	
ADDRESS	NO. OF P	ERSONS YOU S	UPERVISED	NAME AND TI	TLE OF SUP	ERVISOR	
	MAY WE	CONTACT NOW	?	REASON FOR	R LEAVING		
TELEPHONE NUMBER		YES [	□NO				
DATES EMPLOYED	BRIEF DE	SCRIPTION OF	DUTIES	•			
JOB TITLE							

NAME OF EMPLOYER		TYPE OF BUSINESS				
ADDRESS	NO. OF PERSONS YOU SUPERVISED		NAME AND TITLE OF SUPERVISOR			
	MAY WE C	CONTACT NOW?	REASON FOR LEAVING			
TELEPHONE NUMBER		YES NO				
DATES EMPLOYED	BRIEF DE	SCRIPTION OF DUTIES				
JOB TITLE						
NAME OF EMPLOYER		TYPE OF BUSINESS				
ADDRESS	NO. OF PE	RSONS YOU SUPERVISED	NAME AND TITLE OF SUPERVISOR			
	MAY WE C	CONTACT NOW?	REASON FOR LEAVING			
TELEPHONE NUMBER		YES NO				
DATES EMPLOYED	BRIEF DE	SCRIPTION OF DUTIES				
JOB TITLE						
NAME OF EMPLOYER		TYPE OF BUSINESS	·			
ADDRESS	NO. OF PE	RSONS YOU SUPERVISED	NAME AND TITLE OF SUPERVISOR			
	MAY WE C	CONTACT NOW?	REASON FOR LEAVING			
TELEPHONE NUMBER		□YES □ NO				
DATES EMPLOYED	BRIEF DES	SCRIPTION OF DUTIES				
JOB TITLE						
ADDITIO	ONAL WORK HI	STORY SPACE ON THE BACK OF THIS	S SHEET			
NAME OF EMPLOYER	1	TYPE OF BUSINESS				
ADDRESS	NO. OF PERSONS YOU SUPERVISED		NAME AND TITLE OF SUPERVISOR			
		CONTACT NOW?	REASON FOR LEAVING			
TELEPHONE NUMBER		□YES □ NO				
DATES EMPLOYED	BRIEF DESCRIPTION OF DUTIES					
JOB TITLE						
<ol> <li>material facts will be cause of my immediate term</li> <li>I understand that employment is contingent upon so to be fingerprinted.</li> <li>I authorize the release of any information necessal authorized agents.</li> <li>I understand that employment is contingent upon rows.</li> <li>I understand that in order for me to be considered Screening that consists of a urine test to determine.</li> </ol>	ination of successful ry to verify my providi for employe the presentand that	my employment with the completion of a job related the statements made in my verification of my iden to the city of Green ence of illegal drugs. I will if the results of these tes	ed physical examination, background check and I agree this application to the City of Greenfield or its duly stity and legal right to work in the U.S.			

## AN EQUAL OPPORTUNITY EMPLOYER

\_SIGNATURE OF APPLICANT

## POSITION FOR WHICH YOU APPLIED:

purpo there	ordance with Section 1233 of the State Government Coses only. It will enable the City of Greenfield to more efficiently an adverse impact in the selection process on group at made a part of the selection process. If you have any	fectively evaluates protected un	ate the recruitment producer federal and state	ocess in compli equal opportun	iance with Equal Oppor ity laws. This informati	tunity Employment laws and on is requested on a volunta	to determine if ry basis and will
	MALE FEMALE	AGE:	☐ 17 & Unde ☐ 18 to 21	r	22 to 39 40 to 65		
RAC	CE/ETHNIC CATEGORY:						
	HISPANIC OR LATINO: All person Spanish culture or origin, regardless WHITE (Not Hispanic or Latino): A or the Middle East.  BLACK OR AFRICAN AMERICAN of Africa.  AMERICAN INDIAN OR ALASKA original peoples of North and South through tribal affiliation or communaSIAN OR PACIFIC ISLANDER: Southeast Asia, the Indian Subcompapan, Korea, the Philippine Island TWO OR MORE RACES (Not Hispances I DO NOT WISH TO SELF-IDENTIAL	s of race. Il persons I (Not His N NATIVI A America ity recogr All person tinent, or s, and Sa panic or L	. s having origing spanic or Lating E (Hispanic or a (Including Cenition. In having origing the Pacific Islamoa	s in any o  c): All per  Latino): A  ntral Ame  ns in any  unds. This	of the original persons having or All persons haverica), and who of the original persons area includes,	eoples of Europe, No igins in the black raing origins in any comaintain cultural ideoples of the Fartor example, Chin	North Africa, acial groups of the lentification East, ia, India,
ABL	E-DISABLED CATEGORY:						
	ou have a disability that would interfermation is voluntary, and will be kept			the job for	which you are	applying, please in	ndicate. All
	☐ HEARING IMPAIRM☐ VISUAL IMPAIRMENT ORTHOPEDIC DISA☐ MENTAL/EMOTION☐ MEDICAL CONDITION☐ OTHER	NT ABILITY AL DISOI	RDER				
JOE	SOURCE INFORMATION:						
	ase indicate where you learned about terest card received lewspaper (please specify) ob flyer posted at another agency online (City Website, please specify trofessional journal or publication (pleollege placement service (please spobs available riend or relative other (please specify)	below) ease spe	·				

Please contact the City Manager's Office if you require special accommodations during the examination process.

City of Greenfield 599 El Camino Real, P.O. Box 127 Greenfield, CA 93927 (831) 674-5591