

APPLICATION FOR EMPLOYMENT

CITY OF PLYMOUTH

9426 Main St. P O Box 429

Plymouth, CA 95669

(209) 245-6941

Email: info@cityofplymouth.org

Equal access to programs, services, and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify City Clerk.

Application for Position(s): _____

Date: _____

Name: _____
LAST FIRST MIDDLE

Home #: _____

Email: _____

Cell #: _____

Address: _____
STREET CITY STATE ZIP

Drivers' License: _____ Date Available to Work: _____
PROVIDE IF DRIVING IS AN ESSENTIAL JOB FUNCTION EXP DATE

If under age 18, can you provide a work permit? ☐ Yes ☐ No

If hired, can you provide verification of your legal right to work? ☐ Yes ☐ No

Have you ever been employed by the City? ☐ Yes ☐ No Position: _____

Any relatives currently or previously elected or employed by the City? ☐ Yes ☐ No Name: _____

Type of Employment Desired: ☐ Full Time ☐ Part Time ☐ Temporary ☐ Seasonal

Are you able to meet the attendance requirements of the position? ☐ Yes ☐ No

Have you ever been discharged or forced to resign employment, including military or self-employment. ☐ Yes ☐ No

If yes, please explain: _____

EMPLOYMENT HISTORY

PLEASE PROVIDE INFORMATION FOR YOUR PAST TEN (10) YEARS OF EMPLOYMENT AND/OR SELF-EMPLOYMENT WITHIN THIS FORM, STARTING WITH THE MOST RECENT.

FROM	TO	EMPLOYER	MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO	SUPERVISOR NAME & TITLE
POSITION		ADDRESS		PHONE
REASON FOR LEAVING		DUTIES & RESPONSIBILITIES:		
FROM	TO	EMPLOYER		SUPERVISOR NAME & TITLE
POSITION		ADDRESS		PHONE
REASON FOR LEAVING		DUTIES & RESPONSIBILITIES		
FROM	TO	EMPLOYER		SUPERVISOR NAME & TITLE
POSITION		ADDRESS		PHONE
REASON FOR LEAVING		DUTIES & RESPONSIBILITIES		
FROM	TO	EMPLOYER		SUPERVISOR NAME & TITLE
POSITION		ADDRESS		PHONE
REASON FOR LEAVING		DUTIES & RESPONSIBILITIES		

AN EQUAL OPPORTUNITY EMPLOYER

SKILLS AND QUALIFICATIONS: SUMMARIZE TRAINING, SKILLS, LICENSES, CERTIFICATES, AND/OR PROFESSIONAL ASSOCIATIONS THAT MAY QUALIFY YOU AS BEING ABLE TO PERFORM THE JOB-RELATED FUNCTIONS OF THE POSITION FOR WHICH YOU ARE APPLYING.

EDUCATIONAL BACKGROUND

NAME AND LOCATION	DID YOU GRADUATE?	COURSE OF STUDY/MAJOR
HIGH SCHOOL	<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE	<input type="checkbox"/> YES <input type="checkbox"/> NO DEGREE:	
OTHER	<input type="checkbox"/> YES <input type="checkbox"/> NO	
	<input type="checkbox"/> YES <input type="checkbox"/> NO	

REFERENCES

NAME	PHONE	YEARS KNOWN

I UNDERSTAND THAT ANY MISREPRESENTATION OR MATERIAL OMISSION MADE BY ME ON THIS APPLICATION WILL BE SUFFICIENT CAUSE FOR REFUSAL TO HIRE OR IMMEDIATE DISCHARGE FROM THE CITY’S SERVICE.

I GIVE THE CITY THE RIGHT TO CONTACT AND OBTAIN INFORMATION FROM ALL REFERENCES, EMPLOYERS, EDUCATIONAL INSTITUTIONS, AND TO OTHERWISE VERIFY THE ACCURACY OF THE INFORMATION CONTAINED IN THIS APPLICATION. I HEREBY RELEASE FROM LIABILITY THE CITY AND ITS REPRESENTATIVES FOR SEEKING, GATHERING AND USING SUCH INFORMATION AS WELL AS ALL OTHER PERSONS, CORPORATIONS, OR ORGANIZATIONS FOR FURNISHING SUCH INFORMATION.

THE CITY DOES NOT UNLAWFULLY DISCRIMINATE IN EMPLOYMENT AND NO QUESTION ON THIS APPLICATION IS USED FOR THE PURPOSE OF LIMITING OR EXCUSING ANY APPLICANT FROM CONSIDERATION FOR EMPLOYMENT ON A BASIS PROHIBITED BY LOCAL, STATE OR FEDERAL LAW. THIS APPLICATION IS CURRENT FOR 90 DAYS. AT THE CONCLUSION OF THIS PERIOD, IF I HAVE NOT HEARD FROM THE CITY AND STILL WISH TO BE CONSIDERED FOR EMPLOYMENT, IT WILL BE NECESSARY TO SUBMIT A NEW APPLICATION.

IF I AM HIRED, I UNDERSTAND THAT I AM FREE TO RESIGN AT ANY TIME, WITH OR WITHOUT CAUSE AND WITHOUT PRIOR NOTICE. THE CITY RESERVES THE SAME RIGHT TO TERMINATE MY EMPLOYMENT AT ANY TIME, WITH OR WITHOUT CAUSE, AND WITHOUT PRIOR NOTICE EXCEPT AS MAY BE REQUIRED BY LAW. THIS APPLICATION DOES NOT CONSTITUTE AN AGREEMENT OR CONTRACT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OR DEFINITE DURATION. I UNDERSTAND THAT NO REPRESENTATIVE OF THE CITY, OTHER THAN AN AUTHORIZED OFFICER, HAS AUTHORITY TO MAKE ANY ASSURANCES TO THE CONTRARY. I FURTHER UNDERSTAND THAT ANY SUCH ASSURANCES MUST BE IN WRITING AND SIGNED BY THE AUTHORIZED OFFICER.

I UNDERSTAND IT IS THE CITY’S POLICY TO HIRE QUALIFIED INDIVIDUALS, REGARDLESS OF THAT PERSON’S NEED FOR REASONABLE ACCOMMODATION AS REQUIRED BY THE AMERICANS WITH DISABILITIES ACT (ADA). I UNDERSTAND MEDICAL VERIFICATION MAY BE REQUIRED PRIOR TO GRANTING THE ACCOMMODATION.

I ALSO UNDERSTAND THAT IF I AM HIRED, I WILL BE REQUIRED TO PROVIDE PROOF OF IDENTITY AND LEGAL WORK AUTHORIZATION. I AGREE TO SUBMIT TO A DRUG TEST, BE FINGERPRINTED, AND FURNISH PROOF OF MEETING THE CONDITIONS OF EMPLOYMENT AS MAY BE REQUIRED.

I REPRESENT AND WARRANT THAT I HAVE READ AND FULLY UNDERSTAND THE FOREGOING AND SEEK EMPLOYMENT UNDER THESE CONDITIONS.

SIGNATURE OF APPLICANT

DATE