APPLICATION FOR EMPLOYMENT



CITY OF WILLOWS 201 N Lassen Street Willows, CA 95988 (530) 934-7041 FAX (530) 934-7402

We consider applications for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, sexual orientation, citizenship status, genetic information or any other legally protected status.

Position(s) Applied for				Date of	Application	
How did you hear abou	ut us?					
Advertise	ement Frie	end Inqui	ry Employme	nt Agency	Relative	Other
Last Name		First Name		Middle	e Name	
			1 av.	·	-: o l	
Address			City	State	Zip Code	
Telephone Number(s)			Social Sec	urity Numb	er(optional)	
Best time to contact you at	home is:					AM PM
If you are under 18 years of	age, can you provid	de required proof	of your eligibility to w	ork?		Yes No
Have you ever filed an appli	cation with us befo	re? If yes, give dat	e:			Yes No
Have you ever been employ	ed with us before?	If yes, give date:				Yes No
Do any of your friends or re	latives, other than s	spouse, work here	?			Yes No
If so, state name, relationsh	ip and department:					
Are you currently employed	?					Yes No
May we contact your currer	nt employer?					Yes No
Are you prevented from law	fully becoming em	ployed in this cou	ntry due to a Visa or Ir	nmigration St	atus?	Yes No
Proof of citizenship	or immigration stat	us will be required	l upon employment			
Date available for work:		Wh	nat is your desired sala	ry range?		
Are you available to work:	Full Time					1
	Part Time	(Please indic	<u> </u>	3	Afternoon	Evenings
	Temporar	, , ,	cate dates available)			
Are you currently on "lay-of		ct to recall?				Yes No
Can you travel if a job requi	res it?					Yes No
EDUCATION						
EDUCATION School	Name & Ado of Schoo		Course of Study		er of years	Diploma/Degree
			Course of Study			Diploma/Degree
School			Course of Study			Diploma/Degree
School High School			Course of Study			Diploma/Degree
School High School Undergraduate College			Course of Study			Diploma/Degree
School High School Undergraduate College Graduate/Professional	of Schoo		Course of Study			Diploma/Degree
School High School Undergraduate College Graduate/Professional Other (please specify)	of Schoo	1		сон	npleted	
School High School Undergraduate College Graduate/Professional Other (please specify) ADDITIONAL INFORMAT	of Schoo	l		сон	npleted	
School High School Undergraduate College Graduate/Professional Other (please specify) ADDITIONAL INFORMAT State any additional informat Military.	of Schoo	ne helpful to us in a	considering you applic	ation, includi	npleted	d training in the U. S.
School High School Undergraduate College Graduate/Professional Other (please specify) ADDITIONAL INFORMAT State any additional informat Military. Note to Applicants: DO NOT AFAPPLYING.	TION ation you feel may be	pe helpful to us in a	considering you applic	ation, includi	npleted ng any job related	d training in the U. S.
School High School Undergraduate College Graduate/Professional Other (please specify) ADDITIONAL INFORMAT State any additional informat Military. Note to Applicants: DO NOT AF	TION ation you feel may be a seen the polynomial of the job, for which y	DN UNLESS YOU HAN	considering you applic	ation, includia	npleted ng any job related	d training in the U. S.

EMPLOYMENT EXPERIENCE

Start with your present or last job. I indicate race, color, religion, gender	r national origin	-dicabili+	iac ar atha	r nrotactad status		
Employer	i, national origin		ies or otne Employed	protected status.	Work D	erformed
Address		To	From		WUIKF	eriornied
. 144. 000			.10111			
Telephone Number(s)			_1			
Starting/Present Job Title						
Supervisor						
Reason for leaving				May we contact	Yes	No
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Employer			Employed			Work Perform
Address		То	From			
Telephone Number(s)			1			
Starting/Present Job Title				_		
Supervisor						
Reason for leaving				May we contact	Yes	No
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Employer			Employed		Work P	erformed
Address		То	From			
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Telephone Number(s)						
Starting /Present Job Title Supervisor				_		
Reason for leaving				May we contact	☐ Yes	□ No
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REFERENCES-Do not include family	y members or pa	st supervi	isors			
Name	Phone	Numbe	r	Best Time to Ca	all	Occupation
1.						
2.						
2. 3.						
3.						
3.						
3. APPLICANT'S STATEMENT	nerein are true	e and co	mplete.			
3. APPLICANT'S STATEMENT *I certify that answers given h			•	application for emplo	ovment as	s may be necessary in
3. *I certify that answers given h *I authorize investigation of a	II statements		•	application for emplo	pyment as	s may be necessary in
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