DATE RECEIVED

CALLAND CONTROL OF THE PARTY OF

CITY OF SELMA

APPLICATION FOR EMPLOYMENT

1710 Tucker Street Selma, CA 93662 (559) 891-2200

(559) 891-2200

Applications are screened for position, qualifications and requirements. (Refer to job announcement). We therefore ask that you complete all questions fully and accurately.

Typing – Words Per Minute ____

INSTRUCTIONS:

- Print in ink or type.
 Late or incomplete applications will be rejected.
- 3. Avoid any reference to race, religion, national origin, sex, disability, marital status, or sexual orientation.

Name:						
	NAME	FIRST NAMI		MIDDLE NAME		
Address:	NAME.	THO NAME	_	MIDDEL NAME		
NO.	STREET	APT. NO.	CITY	STATE	ZIP Social Security N	
Phone:				Г	(OPTIONAL)	
EA CODE	HOME	BUSINESS	CELL/MESSA	AGE/EMERGENCY	<u>=</u>	
Have you	previously been empl	oyed by the City of S	elma?	Yes □	No 🗆	
	elated to anyone empl g spouse) If yes, give			Yes □ eld.	No 🗆	
NAME		RELATIONSHIP	RELATIONSHIP		POSITION HELD	
	□ No □	other than English?	If yes, please	specify.		
Are you f Education High Sch	luent in any languages	box if you possess o	ne of the follo	wing)	tificate	
Are you f Education High Sch	luent in any languages n: (check appropriate	box if you possess of the course of the cour	ne of the follo	wing) ool Proficiency Cer	tificate Dates Attended	
Are you f Education High Sch	luent in any languages n: (check appropriate nool Diploma Grade or Educationa	box if you possess o G.E.D. Certificate I Level Achieved:	ne of the follo	wing) ool Proficiency Cer		
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and account for ALL time during the past 10 years. Use additional sheets if necessary. Voluntary, non-paid experience will be accepted if job related. DATES **EMPLOYER'S NAME & ADDRESS** From **Duties performed** То Total Yrs. Mos. Reason for leaving_ **Full Time Part Time** □ Volunteer Hrs. per week DATES **EMPLOYER'S NAME & ADDRESS** B. TITLE From **Duties performed** To **Total** Yrs. Mos. Reason for leaving **Full Time** ☐ Volunteer **Part Time** DATES **EMPLOYER'S NAME & ADDRESS** C TITI F From **Duties performed** To **Total** Yrs. Mos. Reason for leaving **Full Time Part Time** Hrs. per week □ Volunteer D. **DATES EMPLOYER'S NAME & ADDRESS** From **Duties performed** Total Yrs. Mos. Reason for leaving_ **Full Time** Volunteer **Part Time EMPLOYER'S NAME & ADDRESS** E. **DATES** From **Duties performed** То Total Yrs. Mos. Reason for leaving_ **Full Time** □ Volunteer Part Time Hrs. per week 13. REMARKS 14. May we contact your present and past employers as to your qualifications, training, experience, etc? Please Do Please Don't □ **Don't Mind** Exceptions (A) State additional experience not already covered and other comments about your career objectives or abilities which may pertain to the position desired. (B) Reasons for seeking employment with the City of Selma _____ The City seeks to comply with the Americans with Disabilities Act. If you have any disability which would require reasonable accommodation in the application process or in the workplace, please notify the Human Resources Department at your earliest convenience. I hereby certify that all statements on this application or any supplement thereto, are true and complete to the best of my knowledge. If employed, I understand that any falsification of this record may be considered cause for disqualification or termination from employment. I hereby authorize the City of Selma to investigate my ability, employment record, or character with any source noted in this application or resume unless specified. I hereby release said sources from any liability for any damages whatsoever for issuing this information. All employees will be required to submit copies of educational diplomas and military discharges when applicable. I am aware that any offer of employment is conditional upon my ability to meet the established requirements of the job including but not limited to, a pre-employment physical that may include a drug-screen and fingerprint check. I understand that acceptance of an offer of employment does not create a contractual obligation upon the City of Selma to employ me in the future. Proof of U.S. Citizenship, alien registration or authorization to work in the United States will be required at the time of appointment. Applicant's Signature ___ Date

12. THE FOLLOWING SECTION MUST BE FILLED OUT COMPLETELY. You may submit a resume or other supporting documentation, in addition to completed application. Begin with present or most recent employment