

City of Chico

Application for Employment (03-2009)

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

(PLEASE PRINT)

Date of Application: _____

Position(s) applied for: _____

Referral Source: ☐ Advertisement ☐ Friend ☐ Relative ☐ Walk-In

☐ Other: _____

Name: _____
LAST FIRST MIDDLE

Address: _____
NUMBER STREET CITY STATE ZIP CODE

Telephone: (_____) _____ Social Security Number: ____ - ____ - ____
Area Code

Have you ever filed an application here before? ☐ Yes ☐ No If Yes, give date: _____

Have you ever been employed here before? ☐ Yes ☐ No If Yes, give date: _____

Are you prevented from lawfully becoming employed?

In this country because of Visa or Immigration Status? ☐ Yes ☐ No **(Proof of citizenship or immigration status will be required upon employment)**

On what date would you be available for work? _____

Are you available to work: ☐ Full Time?

Are you on a lay-off and subject to recall? ☐ Yes ☐ No

Have you been convicted of a felony within the last seven years? ☐ No ☐ Yes
(Conviction will not necessarily disqualify applicant from employment)

If Yes, please explain: _____

AN EQUAL OPPORTUNITY EMPLOYER

List professional, trade, business or civic activities and offices held.

(You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status):

Give name, address and telephone number of three references who are not related to you and are not previous employers.

Employment Experience

Start with you present or last job. Include military service assignments and volunteer activities. You may exclude organization names which would indicate race, color, religion, gender, national origin, handicap, or other protected status.

Employer	Telephone ()	Dates Employed		Work Performed
		From	To	
Address				
Job Title		Hourly Rate/Salary		
		Starting	Final	
Supervisor				
Reason for Leaving				
Employer	Telephone ()	Dates Employed		Work Performed
		From	To	
Address				
Job Title		Hourly Rate/Salary		
		Starting	Final	
Supervisor				
Reason for Leaving				
Employer	Telephone ()	Dates Employed		Work Performed
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		From	To	
Address				
Job Title		Hourly Rate/Salary		
		Starting	Final	
Supervisor				
Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

Special Skills and Qualifications

Summarize computer skills, computer programs, special skills and qualification acquired from employment or other experience.

Education

	Elementary					High				College/University				Graduate/ Professional			
School Name																	
Years Completed/Degree	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
Diploma/Degree																	
Describe Course of Study:																	
Describe Specialized Training, Apprenticeship, Skills and Extra Curricular Activities																	

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

The applicant understands that neither this document nor any offer of employment from the employer constitute an employment contract unless a specific document to that affect is executed by the employer and employee in writing.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

For Personnel Department Use Only

Arrange Interview ☐ Yes ☐ No

Remarks _____

Employed ☐ Yes ☐ No Date of Employment: _____

Job Title: _____ Hourly Rate/ Salary _____ Dept.: _____

By: _____
NAME AND TITLE DATE

Applicant Data Record

Applicants are considered for all positions, and employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap, or any other legally protected status.

As employers, we comply with government regulations, including affirmative action responsibilities where they apply.

Solely to help us comply with government record keeping, reporting and other legal requirements, we request that you please fill out the Applicant Data Record. We appreciate your cooperation.

This data is for periodic government reporting and will be kept in a **Confidential File** separate from the Application for Employment. **YOUR COOPERATION IS VOLUNTARY.**

(PLEASE PRINT)

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☐ Other: _____

Name: _____
LAST FIRST MIDDLE

Address: _____
NUMBER STREET CITY STATE ZIP CODE

Voluntary Survey

Government agencies at times require periodic reports on the sex, ethnicity, handicapped, veteran and other protected status of applicants. This data is for analysis and possible affirmative action only. **SUBMISSION OF INFORMATION IS VOLUNTARY.**

Check one:

Male ☐ Female

Check one of the following:

Race/Ethnic Group: ☐ White ☐ Black ☐ Hispanic
American Indian/Alaskan Native ☐ Asian/Pacific Islander

For Personnel Department Use Only
Position(s) Applied for Is Open: <input type="radio"/> Yes <input type="radio"/> No
Position(s) Considered for: _____

DATE

NOTES:

CITY OF CHICO AUTHORIZATION FOR CRIMINAL BACKGROUND CHECK

STATE OF TEXAS §

COUNTY OF WISE §

I hereby **CONSENT** for **CITY OF CHICO** to run a Criminal Background check as to any arrest or conviction records that exist and/or a review of my past driving record. I **FURTHER CONSENT** to **CITY OF CHICO** to make the results of such criminal background check or past driving record available to my prospective supervisor/employer.

I hereby **RELEASE CITY OF CHICO**, its officers and employees, from any and all claims which otherwise have due to the results being made so available without my consent. I hereby **COVENANT NOT TO FILE ANY ACTION** at law or in equity against **CITY OF CHICO** and their respective elected officials or employees in connection with the results of such criminal background check and/or driving record being made available, including any action based on the negligence of any party, and I hereby agree to **INDEMNIFY** and **SAVE HARMLESS CITY OF CHICO**, its elected officials and employees.

SIGNED THIS _____ DAY OF _____, 20_____.

(SIGNATURE)

(NAME PRINTED)

(DATE OF BIRTH)

(DRIVER'S LICENSE NUMBER AND STATE)

(ADDRESS)

(SOCIAL SECURITY NUMBER)