

2174 BLOSSOM STREET

DOS PALOS, CA 93620

(209)392-2174

AN AFFIRMATIVE ACTION EQUAL OPPORTUNITY EMPLOYER

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| LAST NAME: | FIRST NAME: | MI: |
| POSITION APPLYING FOR: |
| ADDRESS: |
| CITY: STATE: ZIP: |
| HOME PHONE:  | WORK PHONE:  | CELL PHONE: |
| EMAIL ADDRESS: |
| SOCIAL SECURITY NO: | DRIVERS’S LICENSE NO: | EXPIRES: |

**EMPLOYMENT HISTORY**

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| EMPLOYER: | PHONE NO: |
| ADDRESS: |
| JOB TITLE: |
| DUTIES: |
| FROM: : (MONTH/DATE/YEAR) | TO: (MONTH/DATE/YEAR)  | REASON FOR LEAVING: |

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| EMPLOYER: | PHONE NO: |
| ADDRESS: |
| JOB TITLE: |
| DUTIES: |
| FROM: (MONTH/DATE/YEAR)  | TO: (MONTH/DATE/YEAR)  | REASON FOR LEAVING: |

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| EMPLOYER: | PHONE NO: |
| ADDRESS: |
| JOB TITLE: |
| DUTIES: |
| FROM: (MONTH/DATE/YEAR)  | TO: (MONTH/DATE/YEAR)  | REASON FOR LEAVING: |

**DID YOU GRADUATE FROM HIGH SCHOOL, PASS THE STATE HIGH SCHOOL EQUIVALENCY EXAM, OR DO YOU POSSES A G.E.D. HIGH SCHOOL LEVEL CERTIFICATE?**

NAME OF HIGH SCHOOL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ YEAR COMPLETED: \_\_\_\_\_\_\_\_\_\_\_\_

LOCATION OF HIGH SCHOOL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**COLLEGES AND SCHOOLS ATTENDED/COMPLETED AFTER HIGH SCHOOL**

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| NAME OF SCHOOL | MAJOR | DID YOU GRADUATE | TOTAL UNITS | DEGREE RCVD |
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**IF YOU POSSESS ANY LICENSE OR CERTIFICATE, GIVE THE FOLLOWING INFORMATION:**

CERTIFICATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TITLE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ LICENSE NO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ISSUING STATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE ISSUED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE EXPIRES: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FOREIGN LANGUAGE**

READ:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SPEAK: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ WRITE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DO YOU HAVE ANY HEALTH, MEDICAL, OR PHYSICAL PROBLEMS THAT WOULD INTERFERE WITH YOUR ABILITY TO

PERFORM THE FULL RANGE OF DUTIES OF THE POSITION WHIH YOU ARE APPLYING? YES \_\_\_ NO \_\_\_

IF YES, GIVE DETAILS. PASSING CITY ADMINISTERED MEDICAL EXAM MAY BE REQUIRED FOR APPOINTMENT

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HAVE YOU EVER HAD A JOB CONNECTED ILLNESS OR INJURY? YES \_\_\_ NO \_\_\_

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HAVE YOU BEEN CONVICTED BY ANY COURT IN THE LAST 7 YEARS? YES \_\_\_ NO \_\_\_\_

IF YES, GIVE DETAILS. CONVICTION IS NOT NECESSARLY DISQUALIFYING, EACH CASE WILL BE EVALUATED.

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HAVE YOU EVER BEEN DISCHARGED FROM ANY EMPLOYMENT OR EVER FORCED TO RESIGN? YES \_\_\_ NO \_\_\_\_

IF YES, GIVE DETAILS:

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HAVE YOU EVER BEEN EMPLOYED BY THE CITY OF DOS PALOS? YES \_\_\_ NO \_\_\_

IF YES, GIVE DETAILS:

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HAVE YOU EVER TAKEN AN EXAM GIVEN BY THE CITY OF DOS PALOS? YES \_\_\_ NO \_\_\_

IF YES, GIVE DETAILS:

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ARE YOU RELATED BY BLOOD OR MARRIAGE TO ANY PERSON PRESNTLY EMPLOYED BY THE CITY OF DOS PALOS? YES \_\_\_ NO \_\_\_

IF YES, GIVE NAME, RELATIONSHIP, AND DEPARTMENT IN WHICH EMPLOYED.

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**ADDITIONAL REMARKS:**

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**A COMPLETE APPLICATION IS REQUIRED. RESUMES ARE CONSIDERED AS ADDITIONAL INFORMATION.**

**CERTIFICATE OF APPLICANT (READ THIS STATEMENT CAREFULLY BEFORE SIGNING): I HEREBY CERTIFY THAT ALL STATEMENTS**

**MADE ON OR IN CONNECTION WITH THIS APPLICATION, INLUDING THOSE REGARDING ANY TRAINING AND EXPERIENCE ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND I UNDERSTAND AND AGREE THAT ANY MISSTATEMENTS OR OMMISSIONS OF MATERIAL FACT HEREIN WILL CAUSE A FOREFEITURE ON MY PART OF ALL RIGHTS TO EMPLOYMENT BY THE CITY OF DOS PALOS. I AUTHORIZE THE CITY OF DOS PALOS TO CONDUCT A BACKGROUND INVESTIGATION.**

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**SIGNATURE: DATE:**

**DEPARTMENT USE:**

|  |  |
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| **RECEIVED BY:** | **DATE:** |