

# APPLICATION FOR EMPLOYMENT

## CITY OF LAKEPORT

225 Park Street  
Lakeport, CA 95453



We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied for	Date of Application
How Did You Learn About Us?	
<input type="checkbox"/> Lake Co. News	<input type="checkbox"/> Record-Bee
<input type="checkbox"/> Press Democrat	<input type="checkbox"/> Friend
<input type="checkbox"/> Employment Agency (please specify source) _____	
<input type="checkbox"/> Other (please specify source) _____	

Last Name	First Name	Middle Name
Mailing Address: Number	Street	City
		State
		Zip Code
Telephone Numbers(s)	E-Mail Address	

Best time to contact you at home is: ..... :  AM  PM

If you are under 18 years of age, can you provide required proof of your eligibility to work?.....  Yes  No

Have you ever filed an application with us before? If Yes, give date .....  Yes  No

Have you ever been employed with us before? If Yes, give date .....  Yes  No

Are you related to any City of Lakeport employee? .....  Yes  No

If yes, name of relative: Relationship:

Are you currently employed? .....  Yes  No

May we contact your present employer?.....  Yes  No

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*

Date available for work / / What is your desired salary range?

Are you available to work  Full-Time (please indicate  1  2  3 shift)

Part-Time (Please indicate  Mornings  Afternoon  Evenings)

Temporary (please indicate dates available: / / to / / )

Are you currently on "lay-off" status and subject to recall? .....  Yes  No

Can you travel if a job requires it?.....  Yes  No

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

## EDUCATION

	Name and Address of School	Course of Study	No of Years Completed	Diploma Degree
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Describe any specialized training, apprenticeship, skills, and extra-curricular activities:

Explain all "yes" response from below:

Have you ever been fired or forced to resign?  Yes  No

Please explain:

While in the military service, were you ever convicted by a general court martial?  Yes  No

Please explain:

Veterans Preference – Veterans of the armed forces of the U.S. who have received Honorable Discharges within the last fifteen years from active duty, shall receive an additional 5 points added to his/her final score. This preference will apply only to the first appointment to any permanent City position. A copy of a valid DD214 must be submitted on or before the final filing date in order to be eligible for Veterans Preference points.

# EMPLOYMENT EXPERIENCE

**BEGIN WITH YOUR MOST RECENT JOB—LIST EACH JOB SEPARATELY.** List all jobs regardless of duration, including part-time jobs, military service and any periods of unemployment during the last ten years. Also list volunteer experience and jobs held more than ten years ago which relate to the job for which you are applying. If you have no work experience, indicate NONE. Please Note: Incomplete information will delay the processing of your application.

1.	Employer	Dates Employed		Work Performed	
		From	To		
	Address				
	Job Title	Supervisor			
	Reason for Leaving:				
2.	Employer	Dates Employed		Work Performed	
		From	To		
	Address				
	Job Title	Supervisor			
	Reason for Leaving:				
3.	Employer	Dates Employed		Work Performed	
		From	To		
	Address				
	Job Title	Supervisor			
	Reason for Leaving:				
4.	Employer	Dates Employed		Work Performed	
		From	To		
	Address				
	Job Title	Supervisor			
	Reason for Leaving:				

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

## ADDITIONAL INFORMATION

List professional, trade, business or civic activities and offices held (You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability, or other protected status). State any additional information that may be helpful in considering this application

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**Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.** Are you capable of performing in a reasonable manner; with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given.  Yes  No

## References

1. Name, Relationship, and Address:	Phone: (     )
	Email:
2. Name, Relationship, and Address:	Phone: (     )
	Email:
3. Name, Relationship, and Address:	Phone: (     )
	Email:

## APPLICANT'S STATEMENT

I certify that the answers given herein are true and complete. I authorize the investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law or City policy, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

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:

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