



# CITY OF PORTOLA

## APPLICATION FOR EMPLOYMENT *An Equal Opportunity Employer*

Return Application to: City of Portola  
35 Third Ave – P.O. Box 1225  
Portola, CA. 96122  
(530) 832-4216

READ THE FOLLOWING INSTRUCTIONS AND APPLICABLE JOB ANNOUNCEMENT CAREFULLY BEFORE COMPLETING THIS APPLICATION. Type or neatly print your application and all sections MUST be answered completely and accurately. An incomplete application may disqualify you.

**EXACT TITLE OF POSITION APPLYING FOR:** \_\_\_\_\_

**PERSONAL INFORMATION**

**NAME:** \_\_\_\_\_  
Last First Middle

**MAILING ADDRESS:** \_\_\_\_\_  
Street City State Zip

**HOME PHONE:** \_\_\_\_\_ **OTHER PHONE:** \_\_\_\_\_

**SOCIAL SECURITY NUMBER:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**DO YOU HAVE A VALID CALIFORNIA DRIVER'S LICENSE?** Yes \_\_\_ No \_\_\_ Dr License # \_\_\_\_\_

**ARE YOU RELATED TO ANY CITY EMPLOYEE?** Yes \_\_\_ No \_\_\_ if so what is name and relationship, and what department do they work in?

\_\_\_\_\_ Dept \_\_\_\_\_

**CERTIFICATIONS OR LICENSES APPLICABLE TO THE POSITION.** \_\_\_\_\_

\_\_\_\_\_

**HAVE YOU EVER BEEN CONVICTED BY A COURT OF AN OFFENSE?** Yes \_\_\_\_\_ No \_\_\_\_\_ IF YES, \_\_\_\_\_  
 MISDEMEANOR \_\_\_\_\_ FELONY \_\_\_\_\_

**YOU MAY OMIT:**

- a. Traffic violations for which the fine imposed was \$150.00 or less.
- b. Any offense committed prior to your 18<sup>th</sup> birthday which was finally adjudicated in a juvenile court our under a youth offender law.
- c. Any conviction for which the record has been judicially ordered sealed, expunged, or statutorily eradicated.
- d. Any misdemeanor conviction for which probation has been successfully completed or otherwise discharged and the case dismissed.
- e. Any conviction more than two years old for violations of Health & Safety Code §11357(b) or (c), §113606(b), §11364, §11365, or §11550 as related to marijuana.

**EDUCATION: List all of your education which pertains to the requirements of this position.**

NAME AND LOCATON OF SCHOOL ATTENDED	BUSINESS SCHOOL:	UNDERGRADUATE STUDIES	GRADUATE STUDY
DATES ATTENDED:			
UNITS COMPLETED:			
DEGREE EARNED/ CERTIFICATE EARNED:			
DATES OF GRADUATON:			

**Previous Employment:**

List present job first. Use a separate block for each job title (even those with the same employer). Show all employment for the past 10 years (attach a separate sheet if necessary). Account for periods of unemployment in excess of 90 days. Your acceptance depends on the completeness and applicability of the information listed. Show exact job title and specific duties which you performed. Do not state "See Resume"

May we contact your current Employer? Yes \_\_\_\_\_ No \_\_\_\_\_

DATES OF EMPLOYEMENT From : _____ To: _____ (Month/Year)	EMPLOYER'S NAME AND ADDRESS: _____ _____ _____	TITLE: _____ Salary: _____ Reason for Leaving: _____
DATES OF EMPLOYEMENT From : _____ To: _____ (Month/Year)	EMPLOYER'S NAME AND ADDRESS: _____ _____ _____	TITLE: _____ Salary: _____ Reason for Leaving: _____
DATES OF EMPLOYEMENT From : _____ To: _____ (Month/Year)	EMPLOYER'S NAME AND ADDRESS: _____ _____ _____	TITLE: _____ Salary: _____ Reason for Leaving: _____

**WORK REFERENCES:** Must be persons over 21 years of age who have known you for more than one year and are not related to you by blood or marriage.

NAME	ADDRESS	PHONE NUMBER

Certificate of Applicant (Read this statement carefully before signing): I hereby certify that all statements made on or in connection with this application, including those regarding my training and experience, are true and complete to the best of my knowledge. I understand that any misstatements or omissions of material fact herein may be cause for denial of employment or termination.

The City of Portola's policy is to make reasonable accommodations to the needs of job applicants and employees who are disabled individual. Please notify the Personnel Department if special testing arrangements are required to accommodate your disabilities.

Employment may require the successful completion of a physical examination, a drug screen, and a background check. By submitting this application you are consenting to take or allow to be taken any action required to complete those steps, including providing a copy of your DMV record.

SIGNATURE: \_\_\_\_\_ NAME (please print) \_\_\_\_\_

DATE: \_\_\_\_\_

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**City of Portola Office Use Only**

| WILL BE INTERVIEWED<br>YES OR NO | DATE OF INTERVIEW | RESULT OF INTERVIEW |
|----------------------------------|-------------------|---------------------|
|                                  |                   |                     |

SUPERVISOR SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_