



City of Portola

Application for Employment

An equal Opportunity Employer

Employment Application

Please read the following instructions & applicable job announcement carefully before completing this application. Type or neatly print your application & all sections **MUST** be answered completely & accurately. An incomplete application may disqualify you.

Position Applying for: _____

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available to Start: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Valid CA Driver's License: YES NO Driver License #: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References: Must be 21 years of age who have known you for more than one year and **is not** related to you by blood or marriage.

Please list three professional references.

Full Name: _____

Relationship: _____ Phone: _____

Address: _____

Full Name: _____

Relationship: _____ Phone: _____

Address: _____

Full Name: _____

Relationship: _____ Phone: _____

Address: _____

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Other Information

Are you related to any City Employee? YES NO

If yes, what is the name & relationship: _____

What department do they work in: _____

Disclaimer and Signature

- *The City of Portola's policy is to make reasonable accommodations to the needs of the job applicants & 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.*
- *I certify that my answers are true and complete to the best of my knowledge.*
- *If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.*

Signature: _____ Date: _____

City of Portola Office Use Only

WILL BE INTERVIEWED	DATE OF INTERVIEW	RESULTS OF INTERVIEW
YES NO <input type="checkbox"/> <input type="checkbox"/>		

SUPERVISOR SIGNATURE: _____ **DATE:** _____