



# City of Calistoga EMPLOYMENT APPLICATION

## INSTRUCTIONS

1. COMPLETE ALL SECTIONS OF FORM
2. PRINT OR TYPE
3. ATTACH ADDITIONAL INFORMATION
4. RETURN TO:  
 City of Calistoga Personnel  
 1232 Washington Street  
 Calistoga, CA 94515  
 Ph: 707.942.2805  
 Fx: 707.942.0732  
 Email: hr@ci.calistoga.ca.us

PLEASE PRINT OR TYPE THE EXACT TITLE OF POSITION YOU ARE APPLYING FOR:			
1. Name - Last	First	Middle	
2. Address - Street		City	State      Zip Code
3. Home Phone		E-mail Address	
Cell		4. Last 4 Digits of Social Security Number	
Emergency			
6. Do you possess a California Driver's License?      Yes      No		5. OFFICE SKILLS	
Driver's License No.      Expires		Do you know how to use a computer?      Yes      No	
Class      A      B      C		How many words do you type per minute?	
7. Can you, after an offer of employment, submit verification of your legal right to work in the United States?		<b>YES</b>	<b>NO</b>
8. Please answer only if the job announcement for the position which you are applying requires citizenship or minimum age. U.S. Citizen?			
9. <b>IF YOU ANSWER "YES" TO ANY QUESTION BELOW, PLEASE PROVIDE ADDITIONAL INFORMATION IN NUMBER 10.</b>			
A. Were you ever discharged, released during probation, or have you resigned under pressure or unfavorable circumstances from any employment?			
B. Are you now, or have you been employed by the City of Calistoga?			
C. Are you related by blood or marriage to any person presently employed by the City of Calistoga? If yes, list name, department and relationship below.			
10. Use this space or an attachment for details regarding any "YES" answers to A, B, C, or for other supplementary information.			
11. Are you willing to work?		<b>PERSONNEL DEPARTMENT USE ONLY</b>	
A. Permanent, Part-time (less than 40hrs/week)	<b>YES</b>	<b>NO</b>	<b>APPLICATION FAILED REVIEW:</b> EDUCATION EXPERIENCE LICENSE(S) CERTIFICATE(S) INSUFFICIENT INFORMATION
B. Temporary, Extra Help (as needed only)			
C. Evenings and Nights			
D. Saturdays and Sundays			
<b>DATE STAMP</b>		<b>COMMENTS</b>	

12. CERTIFICATE OF APPLICATION (Read carefully before signing.)

I hereby certify that all statements made in this application are true to the best of my knowledge, and I agree and understand that any misstatement of material facts herein may cause forfeiture on my part of all rights to any employment in the service of the City of Calistoga.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**COMPLETE NEXT PAGE**

## EDUCATION AND EXPERIENCE

PLEASE READ THE QUALIFICATION SECTION OF THE JOB ANNOUNCEMENT BEFORE COMPLETING THIS SIDE

13. Education	Are you a High School Graduate?    Yes      No    If no, indicate highest grade completed. Did you pass a High School Equivalency Test or GED?    Yes      No
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NAMES & LOCATIONS SCHOOLS/COLLEGES/UNIVERSITIES/OTHER	STUDY OR MAJOR	SEMESTER UNITS	QUARTER UNITS	DEGREE RECEIVED	COMPLETION DATE

List valid certificates of professional or vocational competence, licenses and/or memberships in professional associations. Include effective and expiration dates.	14. In addition to English, I can fluently: <input type="checkbox"/> Speak <input type="checkbox"/> Read <input type="checkbox"/> Write
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15. Experience: List your most **relevant** experience including military service you feel qualifies you for the job for which you are applying. List any volunteer experience which you believe helps you meet the requirements of the classification for which you are applying, showing actual time (number of hours per week) spent in such experience with "VOLUNTEER" written in the space following salary. Provide details of the duties relevant to the position for which you are applying. Attach sheets if additional space is needed. **RESUMES WILL NOT BE ACCEPTED IN LIEU OF COMPLETING THIS SECTION.**

PERIOD OF EMPLOYMENT	JOB TITLE & MOST IMPORTANT JOB DUTIES	16. May we contact present employer? Yes      No
FROM: Mo      Yr TO: Mo      Yr TOTAL: Yr(s)      Mo(s) HOURS WORKED PER WEEK:	Job title: Duties:	Name, address, and phone no. of employer:  Immediate supervisor: Reason for leaving:
FROM: Mo      Yr TO: Mo      Yr TOTAL: Yr(s)      Mo(s) HOURS WORKED PER WEEK:	Job title: Duties:	Name, address, and phone no. of employer:  Immediate supervisor: Reason for leaving:
FROM: Mo      Yr TO: Mo      Yr TOTAL: Yr(s)      Mo(s) HOURS WORKED PER WEEK:	Job title: Duties:	Name, address, and phone no. of employer:  Immediate supervisor: Reason for leaving:
FROM: Mo      Yr TO: Mo      Yr TOTAL: Yr(s)      Mo(s) HOURS WORKED PER WEEK:	Job title: Duties:	Name, address, and phone no. of employer:  Immediate supervisor: Reason for leaving:
FROM: Mo      Yr TO: Mo      Yr TOTAL: Yr(s)      Mo(s) HOURS WORKED PER WEEK:	Job title: Duties:	Name, address, and phone no. of employer:  Immediate supervisor: Reason for leaving:

**RECRUITMENT QUESTIONNAIRE**

PLEASE INDICATE HOW YOU BECAME AWARE OF THIS JOB OPPORTUNITY

**WORD OF MOUTH**

- A  City Employee
- B  Professional Colleague
- C  Other (Specify) \_\_\_\_\_

**BULLETIN BOARD**

- I My City HR Dept
- J My City Dept.
- K Community College
- L Other (Specify) \_\_\_\_\_

**ADVERTISEMENT**

- D  Newspaper
- E  On-Line Advertisement
- F  Jobs Available
- G  Trade, Professional Journal or Newsletter
- H  City Website



**EQUAL EMPLOYMENT OPPORTUNITY INFORMATION**

We need to ask you your racial or ethnic group and sex in order to evaluate the effectiveness of our recruitment efforts. This information is **VOLUNTARY**, and if you object to filling it out, you need not do so. This tear off sheet will be removed from the application form before your application is reviewed.

**Please check the ethnic group you most closely identify with:**

- CAUCASIAN
- HISPANIC
- ASIAN/PACIFIC ISLANDER
- AFRICAN AMERICAN
- AMERICAN INDIAN/ALASKAN NATIVE
- OTHER \_\_\_\_\_

Please check one:  MALE  FEMALE  DISABLED  YES  NO

Title of the position applying for: \_\_\_\_\_

Name: \_\_\_\_\_ Date \_\_\_\_\_