



## City of Rio Dell Employment Application

675 Wildwood Avenue, Rio Dell, CA 95562  
 Phone: (707) 764-3532 Fax: (707) 764-5480  
<http://riodellicity.com/employment.shtml>

*The City of Rio Dell is an Equal Opportunity Employer*

**Complete this application in its entirety. The City will only consider information contained on the application or supplemental materials specifically requested for this recruitment to determine your qualifications for the position in which you are applying. Incomplete or illegible applications may be disqualified. Documents submitted will not be returned. Resumes are not accepted in lieu of a completed application form**

*For Office Use Only*

Time Rec'd:

Date: / /

Accepted:

Date Notice Mailed / /

Rejected:

Date Notice Mailed / /

- Experience
- Education
- Other

How did you learn of the position?

- Newspaper
- Personal Inquiry at City Hall
- Website
- Other \_\_\_\_\_

POSITION APPLIED FOR:		<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	
Last Name	First Name	Middle Initial	Other names under which you have worked:
Address		Telephone Number (home)	Telephone Number (day)
City, State, Zip		Email	

EDUCATION				
Have you completed 8 <sup>th</sup> grade? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have a High School diploma or equivalent (GED or CA Proficiency)? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Colleges, Universities (Name and Location)	Major	Total Units Earned		Degree Received (AA, BA, BS, MA, etc.)
		Semester	Quarter	

Licenses or Certificates which are related to the position for which you are applying for:

List professional, trade, business, or civic activities and office held which are related to the position for which you are applying for:

Do you have a valid California Driver's License?  Yes  No Class \_\_\_\_\_ License Number \_\_\_\_\_

Restriction (other than eyeglasses): \_\_\_\_\_

If no California Driver's License, do you have one from another state in the US?  Yes  No

State \_\_\_\_\_ Class \_\_\_\_\_ License Number \_\_\_\_\_

### EMPLOYMENT HISTORY

**Begin with your most recent experience. List experience gained in the last ten years, including periods of self-employment and military service. DO NOT omit any employers during the last ten years. Include full details about experience that, in your opinion, makes you qualified for the job for which you are applying. A resume will not, nor will reference to a resume, be accepted in lieu of providing complete information on a City application**

<b>Dates of employment</b> From: _____ (month) _____ (year) To: _____ (month) _____ (year)	<b>Title of your position</b>  <b>Type of business or organization</b>	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time Hours/Week _____
Name and Address (include city, state, ZIP) of Current or Most Recent Employer		Name/Title of your immediate supervisor  Supervisor Phone: _____ May we contact her/him? <input type="checkbox"/> Yes <input type="checkbox"/> No

Description of Duties, Responsibilities and Accomplishments

Reason for Leaving

<b>Dates of employment</b> From: _____ (month) _____ (year) To: _____ (month) _____ (year)	<b>Title of your position</b>  <b>Type of business or organization</b>	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time Hours/Week _____		
Name and Address (include city, state, ZIP) of Current or Most Recent Employer		Name/Title of your immediate supervisor  Supervisor Phone: _____ May we contact her/him? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Description of Duties, Responsibilities and Accomplishments				
Reason for Leaving				
<b>Dates of employment</b> From: _____ (month) _____ (year) To: _____ (month) _____ (year)	<b>Title of your position</b>  <b>Type of business or organization</b>	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time Hours/Week _____		
Name and Address (include city, state, ZIP) of Current or Most Recent Employer		Name/Title of your immediate supervisor  Supervisor Phone: _____ May we contact her/him? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Description of Duties, Responsibilities and Accomplishments				
Reason for Leaving				
<b>Dates of employment</b> From: _____ (month) _____ (year) To: _____ (month) _____ (year)	<b>Title of your position</b>  <b>Type of business or organization</b>	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time Hours/Week _____		
Name and Address (include city, state, ZIP) of Current or Most Recent Employer		Name/Title of your immediate supervisor  Supervisor Phone: _____ May we contact her/him? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Description of Duties, Responsibilities and Accomplishments				
Reason for Leaving				
Have you ever been terminated or asked to resign from a position? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give details				
Do you have any relatives employed by the City of Rio Dell? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please identify first and last name, department and title, and relationship.				
First Name	Last Name	Department	Title	Relationship

**CERTIFICATION OF APPLICANT (READ CAREFULLY BEFORE SIGNING)**

I hereby certify that the information provided in my resume, all statements made in this application, and all statements made during the interview process are true and correct to the best of my knowledge. I agree and understand that any misstatement, falsification, or omission of material facts will cause forfeiture of my eligibility for employment. I understand that I give the right to the City of Rio Dell to check any information regarding my employment application.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_