

9955 Live Oak Blvd.
Live Oak, CA 95953



Phone (530) 695-2112
Fax: 530-695-2595

EMPLOYMENT APPLICATION

Type or print legibly using black ink. This application is part of the examination process. Incomplete or illegible applications will not be considered. Make copies of any information you submit and wish to keep.

Job Title		
Last Name	First Name	Middle Initial
Street Address		
City	State	Zip
Home Phone	Business Phone	Email

- I am interested in: Full Time Part Time Temporary
- I am: 18 years of age or over under 18 years of age
- If the position requires a valid driver's license, please complete the following information:
State: _____ Number: _____ Class: _____ Expiration Date: _____
- LICENSE OR CERTIFICATE.** If you possess a license or certificate which is a requirement for the position, please provide the following information:
Issuing Agency _____ Title _____
Number _____ Expiration Date _____
- FOR BILINGUAL POSITIONS ONLY.** What language(s), other than English, do you speak and/or write?
Speak _____ Write _____
- Do you claim Veteran's Credit (Veteran's, Disabled Veteran's and Widows of Veterans)? Yes No
If "Yes" attach a copy of your DD214 or other authorized proof of service.
- Have you ever been discharged or forced to resign from any job? Yes No
If "YES", please explain. _____

- Are you currently or have you ever worked for the City of Live Oak? Yes No
If "YES", please indicate position title and department. _____
If you previously worked for the City of Live Oak under another name, please indicate: _____
- Are you related by blood or marriage to any person(s) presently employed by the City of Live Oak? Yes No
(The City of Live Oak rules prohibit certain employment of relatives.)
- Some City of Live Oak positions require weekend and/or shift work. Please indicate any hours, shifts or days you cannot or will not work: _____

An Equal Opportunity Employer

Meets MQs: <input type="checkbox"/> Yes <input type="checkbox"/> No	FOR PERSONNEL USE ONLY
Comments: _____	Initials _____ Date _____

EDUCATION

College or University Attended	Major	Semester Units Earned	Quarter Units Earned	Degree/Date

EXPERIENCE

DO NOT INDICATE "SEE RESUME". Resumes are not acceptable as substitutes for any part of the application. Begin with your most recent experience and list all experience for the last ten years. Describe your skills, knowledge and abilities completely as they relate to the position you are applying for. ADDITIONAL PAGES MAY BE ATTACHED.

Employment Dates & Salaries	Description of Duties	Employer Information
A. Month/Day/Year From: _____ To: _____ No. of People Supervised: _____ Hours per Week: _____	Your Title: _____ Duties: _____ _____ _____	Employer: _____ Address: _____ City/State: _____ Supervisor: _____ Reason for Leaving: _____
B. Month/Day/Year From: _____ To: _____ No. of People Supervised: _____ Hours per Week: _____	Your Title: _____ Duties: _____ _____ _____	Employer: _____ Address: _____ City/State: _____ Supervisor: _____ Reason for Leaving: _____
C. Month/Day/Year From: _____ To: _____ No. of People Supervised: _____ Hours per Week: _____	Your Title: _____ Duties: _____ _____ _____	Employer: _____ Address: _____ City/State: _____ Supervisor: _____ Reason for Leaving: _____
D. Month/Day/Year From: _____ To: _____ No. of People Supervised: _____ Hours per Week: _____	Your Title: _____ Duties: _____ _____ _____	Employer: _____ Address: _____ City/State: _____ Supervisor: _____ Reason for Leaving: _____
E. Month/Day/Year From: _____ To: _____ No. of People Supervised: _____ Hours per Week: _____	Your Title: _____ Duties: _____ _____ _____	Employer: _____ Address: _____ City/State: _____ Supervisor: _____ Reason for Leaving: _____

CERTIFICATION AND AGREEMENT OF APPLICANT

I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION AND ATTACHMENTS ARE TRUE IN ALL RESPECTS AND I UNDERSTAND AND AGREE THAT MISSTATEMENTS AND OR OMISSIONS OF ANY MATERIAL FACT MAY BE CAUSE FOR DISQUALIFICATION OR DISMISSAL. I ALSO GRANT PERMISSION FOR THE CITY OF LIVE OAK TO VERIFY ANY AND ALL INFORMATION CONTAINED WITHIN BY CONTACTING CURRENT AND FORMER EMPLOYERS, SCHOOLS, REFERENCES AND ANY OTHER PERSON. I RELEASE ALL SUCH PERSONS ANY LIABILITY OR DAMAGES ON ACCOUNT OF HAVING FURNISHED SUCH INFORMATION. (YOUR CURRENT EMPLOYER WILL NOT BE CONTACTED UNLESS YOU ARE BEING CONSIDERED AS A FINALIST IN THE RECRUITMENT PROCESS.)

I UNDERSTAND AND AGREE THAT IT IS MY RESPONSIBILITY TO ENSURE THAT MY APPLICATION IS RECEIVED BY THE CITY OF LIVE OAK PERSONNEL DEPARTMENT NO LATER THAN 5:00 PM ON THE FINAL FILING DATE. POSTMARKS WILL NOT BE ACCEPTED.

I UNDERSTAND THAT PRIOR TO BEING OFFERED EMPLOYMENT WITH THE CITY OF LIVE OAK, YOU MAY BE REQUESTED TO TAKE A JOB RELATED WRITTEN EXAMINATION, PERFORMANCE/SKILLS TEST, PHYSICAL AGILITY TEST AND/OR PARTICIPATE IN ORAL INTERVIEWS. IN THE EVENT THAT I BELIEVE I HAVE A DISABILITY WHICH WILL AFFECT MY ABILITY TO TAKE ANY TESTS, I WILL SO INFORM THE CITY OF LIVE OAK PRIOR TO THE ADMINISTRATION OF THE TEST SO THAT IT CAN BE DETERMINED IF A REASONABLE ACCOMMODATION IS AVAILABLE WHICH WILL FACILITATE MY TAKING THE TEST. REQUESTED ACCOMMODATIONS MAY INCLUDE ACCESSIBLE TESTING SITES, MODIFIED TESTING CONDITIONS AND ACCESSIBLE TESTING FORMATS. THE CITY OF LIVE OAK RESERVES THE RIGHT TO REQUIRE MEDICAL DOCUMENTATION CONCERNING THE NEED FOR ACCOMMODATION.

I UNDERSTAND AND AGREE THAT EMPLOYMENT WITH THE CITY OF LIVE OAK IS CONTINGENT UPON SUCCESSFUL COMPLETION OF A JOB RELATED PREPLACEMENT MEDICAL REVIEW/EXAMINATION AND MY FURNISHING DOCUMENTATION EVIDENCING EMPLOYMENT AUTHORIZATION IS ACCORDANCE WITH THE IMMIGRATION REFORM AND CONTROL ACT OF 1986 (IRCA).

I UNDERSTAND AND AGREE THAT EMPLOYMENT WITH THE CITY OF LIVE OAK DOES NOT OCCUR UNTIL THE APPOINTING AUTHORITY AND THE PERSONNEL DEPARTMENT COMPLETES A PAYROLL PERSONNEL FORM (PPP) APPOINTING ME TO A POSITION FOLLOWING SUCCESSFUL COMPLETION OF ALL EMPLOYMENT PROCEDURES. UNTIL FORMAL APPOINTMENT IS MADE IN THIS MANNER, ANY OFFERS OF EMPLOYMENT ARE CONDITIONAL AND PRELIMINARY AND MAY BE WITHDRAWN BY THE CITY.

SIGNATURE: _____ **Date** _____

This page will be detached from application upon receipt before any review of your qualifications. It will be placed on file separate from all other applicant records and will not be used in deciding who is recommended for employment or any other personnel action.

EQUAL EMPLOYMENT DATA

To the applicant: The commitment of the City of Live Oak to a policy of equal employment requires that certain information be gathered and maintained for statistical purposes only. Check appropriate lines.

Position Applied For:

Gender: ___Male ___Female

Check the racial or ethnic group with which you identify:

___White (Includes Arabian)

___Black (Includes Jamaicans, Bahamians, and other Caribbeans of African but not Hispanic or Arabian Descent)

___Hispanic (Includes persons of Mexican, Puerto Rican, Central of South America or Spanish Origin or Culture)

___Asian American (Includes Pakistanis, East Indians and Pacific Islanders)

___American Indian or Alaskan Native

___Other: _____

Disability:

Physical Disability: _____

Mental Disability: _____

Other: _____

Education:

Circle your highest education level: 6 7 8 9 10 11 12 13 14 15 16+