

APPLICATION FOR EMPLOYMENT CITY OF RIPON AN EQUAL OPPORTUNITY EMPLOYER

The City of Ripon is committed to the principles of equal opportunity and nondiscrimination in all employment practices. This means that applicants and employees are considered only on the basis of their qualifications and potential regardless of race, color, ancestry, religion, sex, national origin, marital status, age, mental or physical disability, or perceived disability, medical condition, pregnancy-related condition, sexual orientation, or political affiliation or belief. For more information, contact the Personnel Department.

Please answer all questions accurately. All statements are subject to verification and incorrect statements may bar or remove you from employment. Please print or type the requested information on this application. A resume is required in addition to a completed application. An incomplete application will not be considered.

RETURN COMPLETED APPLICATION TO:

POSITION APPLYING FOR:				1	PERSONNEL DEPARTMENT 259 N. Wilma Avenue Ripon, CA 95366 (209) 599-2108
1. Name:				CHECK EACH TYPE OF WORK YOU WILL ACCEPT: Full-Time Temporary Night Weckend	
2. Present address:(Street)				Part-time ARE YOU AT LEAST 18 YEARS OF THE NO NO NO NO NO NO NO NO NO NO	OF AGE?
(City) (State)		(Zip)	ı		
3. Phone:	How	did you lea	rn about the	e job?	
4. Email Address:				56	
5. Have you ever applied for a posit			11.6%		
If so, what position? When?					
6. Are you a veteran of the U.S. mil	itary service? Yes	☐ No☐			
7. Are you eligible for employment	in the United State	es? Yes	No		
8. Drivers License					
(Number)		(Class)	(State) (Expiration Date)		
	EI	DUCATION	N & TRAI	NING	
CIRCLE HIGHEST GRADE COMPLETED HIGH SCHOOL: 9 10 11 12 COLLEGE: 1 2 3 4			NAME O	F HIGH SCHOOL & LOCATION	GRADUATE?
NAME OF COLLEGE, BUSINESS, OR TRADE SCHOOL ATTENDED	CITY/STATE		VSUBJECT	UNITS COMPLETED	YES NO GED DEGREE/CERTIFICATES EARNED
		<u> </u>			
Professional License, certificate, c	redential. or othe	r qualifyin	education	or training:	
			,		

EMPLOYMENT

List your present job first, then list all other jobs in order, working down from most recent. Use a separate block for each job title held even if held within the same organization. List experience for the past 10 years, and earlier experience which may pertain to the position in which you are applying for. Use additional sheets if necessary. List any job related volunteer experience you may have had. If hours worked per week varied, give average. RESUMES WILL NOT BE ACCEPTED IN LIEU OF THE REQUIREMENTS OF THIS SECTION.

EMPLOYER'S NAME:	START DATE:	FINAL DATE:	
TITLE OF YOUR POSITION:	TELEPHONE NUMBER:	SUPERVISOR:	
ADDRESS OF EMPLOYER:		MAY WE CONTACT? YES NO	
HOURS PER WEEK:	REASON FOR LEAVING:		
DESCRIBE YOUR DUTIES:		<u>.</u>	
EMPLOYER'S NAME:	START DATE:	FINAL DATE:	
TITLE OF YOUR POSITION:	TELEPHONE NUMBER:	SUPERVISOR:	
ADDRESS OF EMPLOYER:		MAY WE CONTACT? YES NO	
HOURS PER WEEK:	REASON FOR LEAVING:		
DESCRIBE YOUR DUTIES:			
		4	
EMPLOYER'S NAME:	START DATE:	FINAL DATE:	
TITLE OF YOUR POSITION:	TELEPHONE NUMBER:	SUPERVISOR:	
ADDRESS OF EMPLOYER:		MAY WE CONTACT? YES NO	
HOURS PER WEEK:	REASON FOR LEAVING:		
HOURS FER WEEK.	REASON FOR LEAVING:		
DESCRIBE YOUR DUTIES:	" " "		
misstatements or omission of material fac-	cts may cause forfeiture of my eligibility for en	with this application are true. I understand and agree that any apployment by The City of Ripon. By signing this application I erstand that this application is not intended to be a contract of	
<u> </u>			
Signature		Date	