When Completed Mail to:
City of Nevada City
317 Broad Street
Nevada City, CA 95959
Ph (530) 265-2496
Fax (530) 265-0187

EMPLOYMENT APPLICATION

Applications will be processed ONLY for vacant positions submitted prior to closing date. Resumes will not be accepted in lieu of completed application forms. Incomplete applications will be rejected.

PRINT OR TYPE-PLEASE SEE INSTRUCTIONS ON BACK PAGE

APPLICANT'S NAME (Last) (First) (M.I.)		SOCIAL SECURITY NUMBER
MAILING ADDRESS (Number) (Street)	E-MAIL ADDRESS	WORK TELEPHONE NUMBER
(City) (County) (State) (Zip Code)		HOME TELEPHONE NUMBER

JOB TITLE FOR WHICH YOU ARE APPLYING:

ANSWER THE FOLLOWING QUESTIONS:

1. Can you perform the essential duties of the job as listed on the job announcement? (If NO, give details) ☐ Yes ☐ No
2. Have you been employed by the City of Nevada City previously? (If "YES", fill in the information below) ☐ Yes ☐ No
   Department: _____ Position: _____
3. Have you ever been dismissed or terminated from any position for performance or other disciplinary reasons? (Applicants whose dismissal or terminations were overturned, withdrawn [unilaterally or as part of a settlement] or revoked need not answer "Yes".) If "Yes" to Question #5, give details in the space provided below, and refer to the instructions for further information. ☐ Yes ☐ No
4. In addition to English, list any other languages you:
   a. possess verbal fluency in _____
   b. possess written fluency in _____
5. Are you related by blood or marriage to any person presently employed by the City of Nevada City? ☐ Yes ☐ No

6. EDUCATION

DID YOU GRADUATE FROM HIGH SCHOOL? ☐ YES ☐ NO
IF NOT, DO YOU POSSESS A GED OR EQUIVALENT? ☐ YES ☐ NO
IF NOT, ENTER THE HIGHEST GRADE YOU COMPLETED:

UNIVERSITY OR COLLEGE - NAME AND LOCATION, BUSINESS, CORRESPONDENCE, TRADE OR SERVICE SCHOOL	COURSE OF STUDY	UNITS COMPLETED		DIPLOMA, DEGREE OR CERTIFICATE OBTAINED	DATE COMPLETED
		SEMESTER	QUARTER		

7. LIST BELOW VALID LICENSES, CERTIFICATES OF PROFESSIONAL OR VOCATIONAL COMPETENCE, OR MEMBERSHIP IN PROFESSIONAL ASSOCIATIONS CALLED FOR IN THIS EXAMINATION ANNOUNCEMENT.

LICENSE/CERTIFICATION NUMBER	DATE ADMITTED	EXPIRATION DATE	IN THE SPACE BELOW, INDICATE SPECIFIC COURSE REQUIRMETNS NEEDED TO SATISTY REQUIREMENTS FOR THIS EXAMINATION

8. EMPLOYMENT HISTORY- May we contact your current employer? ☐ Yes ☐ No (Be advised if you become a finalist for the position, we *must* contact your employer.)

EXPERIENCE – Be careful to include the following when filling in the spaces below:
1. Show your jobs in reverse order with the present job first.
2. Use a separate block for each job title (even those with the Same employer).
3. Show all employment for the past 10 years.
4. Account for periods of unemployment in excess of 90 days.
5. Please use additional sheets if necessary to describe job duties.
6. Keep in mind - your acceptance depends on the completeness and applicability of the information shown.
7. Show exact job title and specific duties you performed.

FROM (M/D/Y)	TO (M/D/Y)	JOB TITLE/CLASSIFICATION (Include Range or Level, if applicable)	
HOURS PER WEEK	TOTAL WORKED (Years/Months)	COMPANY /STATE AGENCY NAME	SUPERVISOR
SALARY EARNED $	PER	ADDRESS	

DUTIES PERFORMED:

REASON FOR LEAVING:

FROM (M/D/Y)	TO (M/D/Y)	JOB TITLE/CLASSIFICATION (Include Range or Level, if applicable)	
HOURS PER WEEK	TOTAL WORKED (Years/Months)	COMPANY /STATE AGENCY NAME	SUPERVISOR
SALARY EARNED $	PER	ADDRESS	

DUTIES PERFORMED:

REASON FOR LEAVING:

FROM (M/D/Y)	TO (M/D/Y)	JOB TITLE/CLASSIFICATION (Include Range or Level, if applicable)	
HOURS PER WEEK	TOTAL WORKED (Years/Months)	COMPANY /STATE AGENCY NAME	SUPERVISOR
SALARY EARNED $	PER	ADDRESS	

DUTIES PERFORMED:

REASON FOR LEAVING:

Certificate of Applicant (Read this statement carefully before signing):
These answers are true and complete to the best of my knowledge. The City may investigate all statements contained in this application, and I understand that any false or misleading information provided during the application or interview process will result in withdrawal from consideration for employment or potential disciplinary action if I am hired, regardless of when discovered. I understand that this application is not a contract of employment. I also understand that certain positions with the City are "at will" positions which means the employment relationship between myself and the City is terminable-at-will so that both the City and I remain free to choose to end our work relationship at any time for any or no reason. I also understand that any offer of employment may be conditioned upon a health evaluation by a doctor selected by the City to determine whether I can perform the essential job functions. In addition, I understand a drug or alcohol test may be required depending on City policy. I authorize the City to make a thorough investigation of my past employment, education and job-related activities, and I release from liability all persons, companies and corporations supplying such information. I also indemnify the City against any liability, which might result from making such investigation. Additionally, I authorize the City to supply my employment record, at its sole discretion, in whole or in part to any prospective employer, government agency, or other party with an interest the City deems appropriate.

SIGNATURE _____ DATE _____

NOTE: Applicants are considered for all open positions, and employees are treated during employment, without regard to race, color, religion, gender, national origin, age, physical mental, disability, medical condition, or any other prohibited basis of discrimination, as provided under applicable state or federal law. Federal law obligates us to provide reasonable accommodation to the known disabilities of applicants, unless to do so would pose an undue hardship. Please notify us in advance if you need any accommodation to complete the application process. A physician's note may be required.

REFERENCES: (Must be persons over 21 years of age who have known you for more than one year and are not related to you by blood or marriage.)

NAME:	Address:	Phone:
NAME:	Address:	Phone:
NAME:	Address:	Phone: