



City of Citrus Heights EMPLOYMENT APPLICATION

PERSONAL HISTORY

NAME (Last, First, Middle)		TITLE OF POSITION (for which you are applying)	
ADDRESS (Number, Street, Apt. No.)		DRIVER'S LICENSE State No. Exp. Date Class	
(City, State and Zip Code+4)		TYPE OF EMPLOYMENT DESIRED <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary	
HOME PHONE ()	WORK/OTHER PHONE ()	If hired, can you show verification of your legal right to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you related to any person in an elected or appointed position in the City of Citrus Heights or to any person employed by the City of Citrus Heights? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, provide: NAME POSITION RELATIONSHIP			
Have you ever been convicted of criminal offense (felony or misdemeanor)? Convictions for marijuana-related offenses that are more than two years old need not be listed. (Note: No applicant will be denied employment solely on the grounds of a conviction of a criminal offense. The nature of the offense, date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however be considered.) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state offense, date, location, and disposition of the case below:			

EDUCATION AND TRAINING

HIGHEST GRADE COMPLETED	Name and Location of High School			Did you graduate?	
High School College Graduate 1 2 3 4 1 2 3 4 1 2 3 4				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> GED	
NAME AND LOCATION OF COLLEGE, BUSINESS OR TRADE SCHOOL	DATES ATTENDED FROM TO	UNITS COMPLETED SEM QTR	DEGREE AWARDED? YES NO	TYPE OF DEGREE	MAJOR SUBJECTS

List current certificates of professional competence, licenses, membership in professional associations: _____

ALL APPLICANTS MUST COMPLETE BOTH SIDES OF THIS APPLICATION

Citrus Heights Equal Employment Opportunity Questionnaire: In order to comply with federal guidelines, we request that you voluntarily provide the following information to be used for statistical purposes and to measure effectiveness of recruitment efforts. The information you provide will be detached from your application and will be kept separate and confidential.

Exact title of the position for which you are applying: _____ Date: _____

Gender Male Female Are you age 40 or over? Yes No

Please CHECK ONE BOX ONLY for the racial/ethnic category with which you most closely identify according to the ethnic definitions listed below:

- AMERICAN INDIAN OR ALASKAN NATIVE - A person having origins in any of the original peoples of North and South America, and who maintains tribal affiliation or community attachment.
- ASIAN - A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- BLACK OR AFRICAN A person having origins in any of the Black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black or African American".
- HISPANIC OR LATINO - A person of Cuban, Mexican, Puerto Rican, South or Central America or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic or Latino".
- NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- WHITE - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

EMPLOYMENT HISTORY This section must be completed. Resumes may also be attached to further describe your qualifications. List all employment emphasizing experience directly related to the position for which you are applying. If qualifying experience is part-time or voluntary, list the number of hours per week spent doing the work. List all positions you have held and period of unemployment for at least the past ten years. Include all periods of self-employment and U.S. Military Service. List each promotion separately. You will be evaluated based on this information. If additional space is required, use copies of this side of the application or a separate sheet prepared in the same format and attached securely. Be sure to sign and date attached sheets.

Dates Employed From: To: (Mo/Yr) (Mo/Yr)	Employer (Business or Agency Name)	Title of Position	Number of Employees Supervised by You
Total Yrs/Mos. Worked	Address City State	Type of Business	
Hours Worked Each Week	Name and Title of Supervisor		Business Phone No.
Starting Salary <input type="checkbox"/> Hr. <input type="checkbox"/> Wk. <input type="checkbox"/> Mo.	Your Duties (List Primary Duties First)		
Present Salary <input type="checkbox"/> Hr. <input type="checkbox"/> Wk. <input type="checkbox"/> Mo	Reason for Leaving		
Dates Employed From: To: (Mo/Yr) (Mo/Yr)	Employer (Business or Agency Name)	Title of Position	Number of Employees Supervised by You
Total Yrs/Mos. Worked	Address City State	Type of Business	
Hours Worked Each Week	Name and Title of Supervisor		Business Phone No.
Starting Salary <input type="checkbox"/> Hr. <input type="checkbox"/> Wk. <input type="checkbox"/> Mo.	Your Duties (List Primary Duties First)		
Last Salary <input type="checkbox"/> Hr. <input type="checkbox"/> Wk. <input type="checkbox"/> Mo	Reason for Leaving		
Dates Employed From: To: (Mo/Yr) (Mo/Yr)	Employer (Business or Agency Name)	Title of Position	Number of Employees Supervised by You
Total Yrs/Mos. Worked	Address City State	Type of Business	
Hours Worked Each Week	Name and Title of Supervisor		Business Phone No.
Starting Salary <input type="checkbox"/> Hr. <input type="checkbox"/> Wk. <input type="checkbox"/> Mo.	Your Duties (List Primary Duties First)		
Last Salary <input type="checkbox"/> Hr. <input type="checkbox"/> Wk. <input type="checkbox"/> Mo	Reason for Leaving		
Dates Employed From: To: (Mo/Yr) (Mo/Yr)	Employer (Business or Agency Name)	Title of Position	Number of Employees Supervised by You
Total Yrs/Mos. Worked	Address City State	Type of Business	
Hours Worked Each Week	Name and Title of Supervisor		Business Phone No.
Starting Salary <input type="checkbox"/> Hr. <input type="checkbox"/> Wk. <input type="checkbox"/> Mo.	Your Duties (List Primary Duties First)		
Last Salary <input type="checkbox"/> Hr. <input type="checkbox"/> Wk. <input type="checkbox"/> Mo	Reason for Leaving		

Were you ever discharged or forced to resign from any position Yes No if yes, Explain: _____

Inquiry may be made of your former employer(s) regarding your performance record or the schools you attended to verify degree(s). May we contact your present employer?

Yes No Later

I understand that any omission of material fact in this application may result in refusal or separation from employment. I hereby authorize the City to make any investigation of my background deemed necessary. I authorize my former employers to give any information regarding my employment. I hereby release them and their company/agency from all damages whatsoever for issuing same. I agree to be fingerprinted, to submit to a drug test, to submit to a complete medical exam, and furnish such proof of meeting the conditions of employment as may be required.

Signature of Applicant: _____ Date: _____

TO ASSIST US IN OUR OUTREACH EFFORTS, PLEASE INDICATE HOW YOU FIRST LEARNED ABOUT THIS JOB OPENING:

- Posted Bulletin - Where _____
- Newspaper (please specify by title) _____
- Other publication (please specify by title) _____
- Other (please specify) _____
- Internet (please specify address) _____

An Equal Opportunity Employer. It is the policy of the City of Citrus Heights not to discriminate against qualified employees or applicants because of race, color, religion, gender, sexual orientation, marital status, national origin, ancestry, citizenship, age, medical condition, physical or mental disability, or any other basis protected by law. Qualified individuals with a disability will receive reasonable accommodation, as required by the California Family Rights Act (CFRA), and federal laws including the Americans with Disabilities Act and Section 504, during any phase of the selection process, providing such request is made to Human Resources at least five working days in advance. Medical disability verification may be required prior to accommodation.