

DATE: \_\_\_\_\_

City of Patterson

# EMPLOYMENT APPLICATION

## AN EQUAL OPPORTUNITY EMPLOYER

It is our policy to comply fully with all federal, state and local equal employment opportunity laws. This organization provides equal employment and advancement opportunities for all persons regardless of race, creed, sex, national origin, age, religion, disability, marital status, sexual orientation or any other classification protected by law.

Employees of this organization are selected in order to accomplish the legal and operational duties established by statute and by the policy choices of the organization's elected officials. Each employee is expected to conduct him / herself in a manner which reflects favorably upon the organization and recognize that our employees are subject to additional public scrutiny in their public and personal lives.

NAME <small>(As it appears on Social Security Card / Work Permit Card)</small>			
SOCIAL SECURITY NUMBER			
ADDRESS			
CITY, STATE, ZIP			
HOME TELEPHONE	MESSAGE CONTACT <small>Name Area Code Number</small>		
DAYTIME TELEPHONE	ARE YOU AT LEAST 18 YEARS OLD? <input type="checkbox"/> YES <input type="checkbox"/> NO		
OTHER NAMES YOU HAVE USED:			
POSITION APPLIED FOR:		SALARY REQUIREMENTS:	\$
REFERRED FOR THIS POSITION BY:		DATE AVAILABLE:	
HAVE YOU EVER BEEN EMPLOYED BY THIS ORGANIZATION? <input type="checkbox"/> No <input type="checkbox"/> Yes WHEN? DEPARTMENT:			
SUPERVISOR:		REASON FOR LEAVING:	
		IF APPLYING FOR A POSITION WHICH REQUIRES DRIVING A VEHICLE, PLEASE PROVIDE THE FOLLOWING INFORMATION:  I HAVE A VALID DRIVER'S LICENSE <input type="checkbox"/> YES <input type="checkbox"/> NO D.L.# STATE	CAN YOU, IF HIRED, SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES?  <input type="checkbox"/> YES <input type="checkbox"/> NO

# Military History

If you have served in the U.S. Military, please provide the following information:

\_\_\_\_\_ Branch of Service

From: \_\_\_\_\_ To: \_\_\_\_\_  
Dates Served Type of Discharge

## Education

EDUCATIONAL LEVEL	NAME	CITY	STATE	CIRCLE YRS. COMPLETED	UNITS COMPLETED	DEGREE	MAJOR
HIGH SCHOOL				9 10 11 12			
COMMUNITY or JUNIOR COLL				1 2			
				1 2			
BUSINESS or TRADE SCHOOL				1 2			
COLLEGE or UNIVERSITY				1 2 3 4			
				1 2 3 4			
				1 2 3 4			
GRADUATE SCHOOL							

## Employment History

LIST YOUR MOST RECENT EMPLOYER FIRST INCLUDING U.S. MILITARY SERVICE AND UNPAID OR VOLUNTEER WORK.  
 BASE SALARY DOES NOT INCLUDE OVERTIME, BONUSES OR COMMISSIONS.

FROM (Mo/Yr) \_\_\_\_\_ TO (Mo/Yr) \_\_\_\_\_ TOTAL \_\_\_\_\_ YRS \_\_\_\_\_ MOS. YOUR POSITION \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ YOUR SUPERVISOR \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE \_\_\_\_\_

TYPE OF BUSINESS \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_

BASE SALARY \_\_\_\_\_ / \_\_\_\_\_  MONTHLY  WEEKLY  HOURLY OTHER COMPENSATION, BONUSES \_\_\_\_\_

START FINAL

BRIEF DESCRIPTION OF YOUR DUTIES & RESPONSIBILITIES \_\_\_\_\_

FROM (Mo/Yr) \_\_\_\_\_ TO (Mo/Yr) \_\_\_\_\_ TOTAL \_\_\_\_\_ YRS \_\_\_\_\_ MOS. YOUR POSITION \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ YOUR SUPERVISOR \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE \_\_\_\_\_

TYPE OF BUSINESS \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_

BASE SALARY \_\_\_\_\_ / \_\_\_\_\_  MONTHLY  WEEKLY  HOURLY OTHER COMPENSATION, BONUSES \_\_\_\_\_

START FINAL

BRIEF DESCRIPTION OF YOUR DUTIES & RESPONSIBILITIES \_\_\_\_\_

FROM (Mo/Yr) \_\_\_\_\_ TO (Mo/Yr) \_\_\_\_\_ TOTAL \_\_\_\_\_ YRS \_\_\_\_\_ MOS. YOUR POSITION \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ YOUR SUPERVISOR \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE \_\_\_\_\_

TYPE OF BUSINESS \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_

BASE SALARY \_\_\_\_\_ / \_\_\_\_\_  MONTHLY  WEEKLY  HOURLY OTHER COMPENSATION, BONUSES \_\_\_\_\_

START FINAL

BRIEF DESCRIPTION OF YOUR DUTIES & RESPONSIBILITIES \_\_\_\_\_

(ATTACH ADDITIONAL PAGE IF NECESSARY)

<b>References:</b>	
NAME _____	NAME _____
ADDRESS _____	ADDRESS _____
CITY, STATE, ZIP _____	CITY, STATE, ZIP _____
DAYTIME PHONE _____	DAYTIME PHONE _____
RELATIONSHIP _____	RELATIONSHIP _____
(No Relatives)	(No Relatives)
<b>Emergency Contact:</b>	
NAME _____	RELATIONSHIP _____
ADDRESS _____	CITY, STATE, ZIP _____
HOME PHONE _____	BUSINESS PHONE _____

### FAIR CREDIT REPORTING ACT – DISCLOSURE AND AUTHORIZATION STATEMENT:

TO: All Applicants for Employment (Read carefully before signing below)

In processing my application for employment, I understand the employer, its representatives, employees or agents may obtain a consumer report and investigative consumer report for employment purposes concerning my past employment, work habits, education, military record, motor vehicle record, credit background, references, character, general reputation, personal characteristics, mode of living, civil judgments, liens, and information about my criminal conviction background consistent with state and federal law.

I understand that upon written request to the employer, I will be informed whether an investigative consumer report through a consumer reporting agency was requested and I will be given information as to the nature and scope of the investigation and a summary of my right under the Fair Credit Reporting Act. I understand an investigative consumer report is a report in which information concerning my character, general reputation, personal characteristics or mode of living is obtained through personal interviews with neighbors, friends, associates, or others with whom I am acquainted or who may have knowledge concerning this information.

By signing below, I authorize this prospective employer to obtain a consumer report and an investigative consumer report on me as part of the pre-employment background and investigation process. If I am offered employment, I further authorize my employer to obtain additional consumer and investigative consumer reports and updates on me for employment purposes at any time during my employment. A copy of this authorization is as valid as the original.

Name (Please Print) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_