CITY OF FERNDALE, CALIFORNIA

P.O. Box 1095, Ferndale, CA 95536 – email: **cityclerk@ci.ferndale.ca.us**

Application for Employment - (Pre-Employment Questionnaire) (An Equal Opportunity Employer)

PERSONAL INFORMATION

	Social Security #		Date	
Name				
	LAST	FIRST	MIDDLE	
Present Address				
	STREET	CITY	STATE	ZIP
Permanent Address				
	STREET	CITY	STATE	ZIP
Phone No.		Are you 18 years of age or older? YES NO		
Are you prevented from lawfully becoming employed in this country because of visa or immigration status? YES NO				

EMPLOYMENT DESIRED

Position	Date you can start	Salary Desired
Are you presently employed?	May we contact your present employer?	
Ever applied here before?	When?	
Referred by		

EDUCATION	Name & Location of School	Years attended	Did you graduate?	Subjects studied
Grammar				
High School				
College				
Trade, Business or Corres. School				

GENERAL

Subjects of special study or research work
Special Skills:
Activities (Civic, Athletic, Etc.)

EXCLUDE ORGANIZATIONS, WHICH INDICATE THE RACE, CREED, SEX, AGE, MARITAL STATUS, COLOR OR NATION OF ORIGIN OF ITS MEMBERS.

US Military or Naval Service	Rank	Present membership in National Guard or Reserves

This form has been revised to comply with the provisions of the Americans with Disabilities Act and the final regulations and interpretive guidance promulgated by the EEOC on July 25, 1991. (OVER)

FORMER EMPLOYERS (list below last three employers, starting with last one first)

Date MM/YY	Name/Address of Employer	Salary	Position	Reason for leaving
From				
To				
From				
To				
From				
To				
Which of these jobs did you like best?				
What did you like the most about this job?				

REFERENCES: Give the names of three persons not related to you, whom you have known at least one year.

Name/Address	Business	Years Known
In Case of Emergency, Notify:		
Name/Address	Phone	

I certify that all the information submitted by me on this application is true and complete and I understand that any false information, omissions, or misrepresentations are discovered, my application may be rejected and if I am employed, my employment may be terminated at any time. In consideration of my employment, I agree to conform to the company's rules and regulations, and I agree that employment and compensation can be terminated, with or without cause, and with or without notice, at any time at either my or the City's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the City. I understand that no City representative other than it's City Manager or in his/her absence, the Mayor or the City Council, and then only when in writing and signed by the City Manager, or in his/her absence, the Mayor or the City Council, has any authority to enter into any agreement for employment for any specific period of time or to make any agreement contrary to the foregoing.

Date: _____ Signature: _____

DO NOT WRITE BELOW THIS LINE:

Interviewed by		Date:
Remarks		
Neatness	Ability	
Hired Yes No	Position	Dept:
Salary/Wage		Start Date