

Job Application



CITY OF YUBA CITY
Human Resources Department
1201 Civic Center Blvd.
Yuba City, CA 95993
Telephone (530) 822-4610
Fax (530) 822-4805
www.yubacity.net

IMPORTANT:

1. Please complete this application form **only** if you meet the requirements of the position as described in the job announcement.
2. You must list a specific job title
3. Applications are subject to disqualification if not signed and/or completed fully.
4. All applications must be in the Human Resources Department by the published closing date. **POST MARKS DO NOT QUALIFY.**

Job Applying For

JOB TITLE: _____

Basic Information

NAME:

First: _____

M.I.: _____

Last: _____

ADDRESS:

Address Line 1: _____

Address Line 2: _____

City: _____

State/Province/
Region: _____

Postal/
Zip Code: _____

Country: _____

TELEPHONE:

Primary: _____

Secondary: _____

Are you eligible to
work in the U.S.? _____ Yes ☐ No ☐

DRIVER'S LICENSE:

D.L. Number: _____

D.L. State: _____

D.L. Class: _____

EMAIL: _____

Education

Highest year completed _____ less than 8 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐ Did you graduate from High School or receive a GED? _____ Yes ☐ No ☐

HS ATTENDED: _____

LOCATION
OF HS/GED: _____

List any degrees received or in progress:

	School Name	Location (City & State)	Major	Degree	Unit Comp.
1					
2					
3					
4					

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Specialized Training

List specialized training which resulted in certification, accreditation or license, etc.:

	Type of Training	Institution	Certification, Accreditation, or License
1			
2			
3			

List special skills, other relevant information, or provide clarification:

Work Experience

I have no previous experience: ☐

May we contact your current or most recent employer? _____ Yes ☐ No ☐

Begin with your current or most recent experience. List work record history and other pertinent experience. **Failure to list work experience or stating "See Resume" will be considered an incomplete application and subject to rejection.** Resumes should be attached to an application.

1 COMPANY NAME:

Address: _____ Telephone: _____
Job title: _____ Start date: _____ End date: _____ Reason for leaving: _____
Hours/wk.: _____ Supervisor: _____ # of employees Supervised: _____

Describe this work experience (*do not write "See Resume"*):

2 COMPANY NAME:

Address: _____ Telephone: _____
Job title: _____ Start date: _____ End date: _____ Reason for leaving: _____
Hours/wk.: _____ Supervisor: _____ # of employees Supervised: _____

Describe this work experience (*do not write "See Resume"*):

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Work Experience cont.

3 COMPANY NAME:

Address: _____ Telephone: _____
Job title: _____ Start date: _____ End date: _____ Reason for leaving: _____
Hours/wk.: _____ Supervisor: _____ # of employees Supervised: _____

Describe this work experience (*do not write "See Resume"*):

4 COMPANY NAME:

Address: _____ Telephone: _____
Job title: _____ Start date: _____ End date: _____ Reason for leaving: _____
Hours/wk.: _____ Supervisor: _____ # of employees Supervised: _____

Describe this work experience (*do not write "See Resume"*):

If you would like to provide additional work experience, please list on a separate sheet and attach to application.

Additional Experience

List any additional experience (*volunteering, internships, etc.*):

Work Qualifications

Are you over 18 years of age? _____ Yes ☐ No ☐
(Employment is subject to verification that you meet any legal age requirements for any jobs for which you may apply.)

Are you related to anyone at this agency? _____ Yes ☐ No ☐
If "Yes", please provide name and relationship:

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Work Qualifications Cont.

Have you ever been convicted for a violation of the law, excluding minor traffic violations? _____ Yes ☐ No ☐

For each offense please list: the court (including military); the place and date of the conviction; the penalty (fine, sentence, date(s) of probation), and the name under which the convicted. Please omit any misdemeanor which has been judicially dismissed pursuant to Penal Code section 1203.4. You should not disclose traffic violations under \$150, and convictions that are over 2 years old (from the date of this application) for violation of Health and Safety Code Sections 11357(b or c), 11360(b), 11364, 11365, and 11550, as it relates to marijuana prior to January 1, 1976, or a statutory predecessor to those statutes.

*Note : A conviction is not necessarily a bar to employment. Each case is given individual consideration based on the job relatedness of the offense. Failure to list all convictions other than those excluded above will be considered fraud in securing appointment and will be grounds for termination.

Have you ever been discharged or requested to resign from any position for misconduct or unsatisfactory service? _____ Yes ☐ No ☐

If "Yes", please explain fully

NOTE: Public Safety positions require additional information during the course of standard background checks.

Job Origin

I first learned of this job opening through (please check one)

CITY RELATED

- ☐ Human Resources Dept.
- ☐ City Employee
- ☐ City Job Bulletin
- ☐ City Website
- ☐ City Job Hotline
- ☐ Direct Mailer
- ☐ Job Fair

NEWSPAPER

- ☐ Appeal Democrat
- ☐ Jobs Available
- ☐ Sacramento Bee

INTERNET

- ☐ CalOpps.org
- ☐ Craigslist.org
- ☐ Monster.com
- ☐ GovJobs.com
- ☐ HotJobs.com
- ☐ Facebook

PUBLIC SECTOR PUBS

- ☐ Jobs Available
- ☐ Western City
- ☐ ICMA Newsletter
- ☐ City & State

SPECIALIZED PUBS

- ☐ The Recorder
- ☐ Daily Journal
- ☐ Planners Network
- ☐ CA Job Journal

OTHER

☐

DISABLED APPLICANTS: The City will make reasonable accommodations in the exam process to accommodate disabled applicants. If you are invited to participate in any test process and have a disability for which you require an accommodation, please inform the Human Resources so aids or services can be arranged.

I hereby certify that all statements made in this application are true and I agree and understand that any misstatement or omission of material fact will cause forfeiture on my part of all rights of employment with the City of Yuba City. I authorize investigation of all matter contained in this application. If offered a position, I further agree to submit to a complete medical examination, including a substance abuse test, by the City physician as a condition of employment. I further agree to be fingerprinted, to sign an oath or office, and to furnish proof of age, education, and either citizenship or the legal right to work in the United States of America upon appointment.

Signature: _____ Date: _____

Equal Employment Opportunity Questionnaire

Please complete both parts of this form. This information is voluntary and is gathered in accordance with State and Federal laws for the purpose of evaluation the effectiveness of our Equal Employment Opportunity policy and recruitment efforts. This information will not be used for employment discussions.

ETHNICITY

- | | |
|---|---|
| <input type="checkbox"/> Caucasian | <input type="checkbox"/> Native American/Alaskan |
| <input type="checkbox"/> African-American | <input type="checkbox"/> Two or More Races (Not of Hispanic Origin) |
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> Biracial/Other: _____ |
| <input type="checkbox"/> Asian/Pacific Islander | |

GENDER

- ☐ Male ☐ Female

VETERANS STATUS

- ☐ Yes ☐ No

DISABILITIES

- ☐ None ☐ Hearing ☐ Sight ☐ Speech ☐ Other: _____