



CITY OF CHICO EMPLOYMENT APPLICATION

Position Applied For: _____

Name: First: _____ MI: _____ Last: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: Primary: _____ Secondary: _____

Email: _____

Drivers License: DL Number: _____ State: _____ Class: _____

Are you over 18 years of age? Yes No
(Employment is subject to verification that you meet any legal age requirements for the job applied for.)

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

For each offense please list: the violation; the court (including military); the place and date of conviction; the penalty (fine, sentence, date(s) of probation), and the name under which convicted. Exclude traffic violations under \$150 and convictions more than two years old for violation of Health and Safety Code Sections 11357 (b or c), 11360(b), 11364, 11365, and 11550 as it relates to marijuana. Each case will be given individual consideration.

Failure to list all convictions other than those excluded above will be considered fraud in securing appointment and will be grounds for termination.

Note that conviction is not necessarily a bar to employment. Each case is given individual consideration based on the job-relatedness of the offense.

Have you ever been discharged or requested to resign from any position for misconduct or unsatisfactory service?

Yes No If "yes", please explain fully in the space provided at the end of the application or attach explanation.

EDUCATION AND TRAINING

Highest year completed: 8 9 10 11 12 Some College AA/AS BA/BS Masters+

Did you graduate from High School or receive a GED? Yes No

High School Attended: _____ **Location of HS/GED:** _____

EDUCATION AND TRAINING (Continued)

LIST YOUR EDUCATION/TRAINING RELATED TO THE POSITION INCLUDING COLLEGES, TECHNICAL, MILITARY SCHOOLS, ETC.:

School Name	Location (City & State)	Degree/Cert. Attained	Major

LIST SPECIAL SKILLS AND CURRENTLY VALID LICENSES, CERTIFICATES OR REGISTRATIONS RELEVANT TO THIS POSITION:

WORK EXPERIENCE

Begin with your most recent experience. List work record history and include any other pertinent experience. Failure to list work experiences will be considered an incomplete application and subject to rejection.

A resume will not substitute for the information required in this section. Resumes may be included, but do not write "See Resume" in lieu of completing the application.

NOTE: Work experience is based on 40 hours per week (pro-rated if less than 40 hours per week).

1.

From: (mm/yy) _____ To: (mm/yy) _____ Hours/Week: _____ Supervisor: _____ Mo. Salary: _____	Title: _____ Duties: _____	Current or most recent employer: Address: _____ Phone: _____
Number of employees you supervised: _____		
Reason for leaving: _____		

2.

From: (mm/yy) _____ To: (mm/yy) _____ Hours/Week: _____ Supervisor: _____ Mo. Salary: _____	Title: _____ Duties: _____	Current or most recent employer: Address: _____ Phone: _____
Number of employees you supervised: _____		
Reason for leaving: _____		

3.

From: (mm/yy) _____ To: (mm/yy) _____ Hours/Week: _____ Supervisor: _____ Mo. Salary: _____	Title: _____ Duties: _____	Current or most recent employer: _____ Address: _____ Phone: _____
Number of employees you supervised: _____		
Reason for leaving: _____		

4.

From: (mm/yy) _____ To: (mm/yy) _____ Hours/Week: _____ Supervisor: _____ Mo. Salary: _____	Title: _____ Duties: _____	Current or most recent employer: _____ Address: _____ Phone: _____
Number of employees you supervised: _____		
Reason for leaving: _____		

May we contact your current employer? Yes No
 Are you interested in temporary employment? Yes No

ADDITIONAL INFORMATION

Use the space provided below to list any additional experience, information, or explanation of answers above.

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 Chico. I authorize investigation of all matters contained in this application. If offered a position, I further agree to submit to a complete medical examination by a City physician as a condition of employment. I further agree to be fingerprinted, to sign an oath of 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: _____

VETERAN'S PREFERENCE

Are you claiming Veteran's Preference? Yes* _____ No _____

*If "yes", you must provide a copy of your DD214 form with your application.

SUPPLEMENTAL APPLICANT INFORMATION

APPLICANT: This information is voluntary and is gathered in accordance with State and Federal laws for the purpose of evaluating the effectiveness of our Equal Opportunity policy and recruitment efforts. Information will not be used for employment discussions.

RACE/ETHNICITY: (please check only one category)

- White/Caucasian
 Black/African American
 American Indian/Alaska Native
 Asian
 Native Hawaiian/Pacific Islander
 Two or more Races

GENDER:

- Male
 Female

DISABILITIES: (Check all that apply)

- None
 Hearing
 Sight
 Speech
 Other

ORIGIN:

- Hispanic or Latino (any race)
 Not Hispanic or Latino

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

CITY OF CHICO RELATED:

- Human Resources
 City Employee
 City Website
 City JobLine
 Direct Mailer

NEWSPAPERS:

- Enterprise Record
 Mercury Register
 News & Review
 Synthesis

INTERNET:

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

PUBLIC SECTOR PUBLICATIONS:

- Jobs Available
 Western City
 ICMA Newsletter
 City & State

OTHER:

- Job Fair
 Chico State Employment Office
 Butte College Career Center
 Employment Development Department
 Other _____

Are you related to anyone employed by the City of Chico? Yes _____ No _____

If "yes", please provide name and relationship: _____

DISABLED APPLICANTS:

The City of Chico will make reasonable accommodations in the exam process to accommodate disabled applicants. If you have a disability for which you require an accommodation, please contact us at (530) 879-7900 no later than seven (7) calendar days before the test date.