

## **CITY OF IONE** Employment Application



Federal and State law prohibits discrimination to employment because of sex, age, race, color, marital status, national origin, ancestry, and physical or mental disability. The City of Ione is an Equal Employment Opportunity Employer. If appropriate, special testing arrangements can be made for qualified individuals with a disability. Adequate notice must be given prior to the examination date by either notifying the City Manager in person or by calling (209) 274-2412 upon filing an application.

ANSWER ALL APPLICABLE QUESTIONS – USE INK OR TYPE Instructions: Fill out this application completely and accurately. All statements in your application become part of your personnel record. If you need additional space, please attach extra sheets. Incomplete information on the application may be cause for disqualification from the examination process.

	CITY USE ONLY
DATE REVIEWED	
REJECTED BY	ACCEPTED BY
1. Education	2. Experience
3. Late Filing	4. Physical Exam
5. Other	

## **APPLICANT INFORMATION**

Last Name:		First:		M.I.:	Date	
Street Address				Apartment/U	nit #	
City		State		ZIP	ZIP	
Phone		E-mail /	Address			
Date Available						
POSITION APPLIED FOR	-					
Are you a citizen of the United States?	YES 🗌 N	10 🗌	If no, are you authorized	to work in the U.S	.? YES 🗌	NO 🗌
Have you ever worked for this company?	YES 🗌 N	10	If so, when?			
Expected Salary:						

EDUCATION					
High School			Address		
From	То	Did you graduate?	YES	NO 🗌	Degree
College			Address		
From	То	Did you graduate?	YES	NO 🗌	Degree
Other			Address		
From	То	Did you graduate?	YES	NO 🗌	Degree

## EMPLOYMENT HISTORY: RESUMES WILL NOT BE ACCEPTED IN PLACE OF A COMPLETED APPLICATION.

You should respond completely to this section and list all employment for the last ten years. LIST YOUR MOST RECENT EMPLOYMENT FIRST. Describe different positions held with the same employer in different blocks, showing dates, etc. List all experience, paid and voluntary, related to this position for which you are applying. Additional sheets should be attached to this application when necessary to fully describe related experience, training and education. Do not state "see resume" in lieu of filling out this section of the application.

PREVIOUS EMPLOYMENT				
Company		Phone ( )		
Address		Supervisor		
Job Title				
Responsibilities				
From To	Reason for Leaving			
May we contact your previous super	visor for a reference? YES	ΝΟ		
Company		Phone ( )		
Address		Supervisor		
Job Title				
Responsibilities				
From To	Reason for Leaving			
May we contact your previous supervisor for a reference? YES NO				
Company		Phone ( )		
Address		Supervisor		
Job Title				
Responsibilities				
From To	Reason for Leaving			
May we contact your previous supervisor for a reference? YES NO				

MILITARY SERVICE				
Branch	From	То		
Rank at Discharge	Type of Discharge			
If other than honorable, explain				

REFERENCES			
Please list three professional references.			
Full Name	Relationship		
Company	Phone	(	)
Address			
Full Name	Relationship		
Company	Phone	(	)
Address			
Full Name	Relationship		
Company	Phone	(	)
Address			

I authorize the employers and educational institutions identified in this employment application to release any information they have concerning my employment or education, to the City of Ione.  $\Box$ Yes  $\Box$  No If not, indicate which employer(s) you do not wish us to contact \_\_\_\_\_

May we contact your current employer? 🗌 Yes 🗌 No	
COMMENTS: Add any comments you believe relevant to this application.	

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not intended to be a contract for employment. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the City of Ione.

Signature of Applicant	Da	Date:
------------------------	----	-------

City of Ione (3/2018)