

CITY OF LIVINGSTON APPLICATION FOR EMPLOYMENT

Personnel Department
1416 C Street
Livingston, CA 95334
(209) 394-8041 ext. 102



INSTRUCTIONS:

- *Please PRINT in ink or type the requested information.
- *LATE OR INCOMPLETE APPLICATIONS WILL BE REJECTED.
- *Resumes may be added, but may not substituted for completion of this application.
- *Applications must be signed and dated.

Last Name	First	Middle	Position Desired
Street Address			Home Phone ()
City	State	Zip	Message/Cell Phone ()
Do you speak, read, or write any foreign languages? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, what languages?			Social Security Number
If offered a position, can you provide documentation establishing your right to work in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO			When would you be available to begin work? Have you applied for a City job recently? If so when:
Have you been convicted of a crime in the last ten years, excluding misdemeanors and summary offenses, which has not been annulled, expunged, or sealed by a court? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, describe in full.			
VALID CA DRIVERS LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO		CDL#	

EQUAL EMPLOYMENT OPPORTUNITY

The City of Livingston is an equal opportunity employer and makes all employment decisions without regard to an individual's race, color, creed, gender, religion, martial status, age, mental or physical ability, national origin, political affiliation or belief, or sexual orientation, or any other unlawful discrimination based on the perception that anyone has any of those characteristics or is associated with a person who has, or is perceived having any of those characteristics. The City is willing to make reasonable accommodations in the application and examination process for individuals with disabilities. Requests for accommodation should be made prior to or at the time of application. For more information, please contact the City of Livingston's Personnel Office.

EDUCATION

Circle Highest Grade Completed							Name & Location of High School:			
11	12	13	14	15	16	17				
College/University	City & State	From	To	Major & No. of Units	Degree & Year					
Vocational/Technical Institute							Typing Skills _____wpm			

EMPLOYMENT RECORD

Begin with your present or most recent position. List both paid and volunteer work. **Do not indicate "See Resume."**

If more space is needed, use a separate sheet prepared in the same format and attach securely.

From:	Job Title:	Firm Name:
To:	Describe your Duties:	Address:
Mo. Salary		
		Phone Number:
Hrs. Per Week:		Supervisor's Name:
	Reason for Leaving:	
From:	Job Title:	Firm Name:
To:	Describe your Duties:	Address:
Mo. Salary		
		Phone Number:
Hrs. Per Week:		Supervisor's Name:
	Reason for Leaving:	
From:	Job Title:	Firm Name:
To:	Describe your Duties:	Address:
Mo. Salary		
		Phone Number:
Hrs. Per Week:		Supervisor's Name:
	Reason for Leaving:	
From:	Job Title:	Firm Name:
To:	Describe your Duties:	Address:
Mo. Salary		
		Phone Number:
Hrs. Per Week:		Supervisor's Name:
	Reason for Leaving:	
From:	Job Title:	Firm Name:
To:	Describe your Duties:	Address:
Mo. Salary		
		Phone Number:
Hrs. Per Week:		Supervisor's Name:
	Reason for Leaving:	

May we contact your present employer? YES NO

I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND COMPLETE AND SUBJECT TO VERIFICATION. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION AND HEREBY AUTHORIZE EMPLOYERS, SCHOOLS, OR PERSONS NAMED IN THIS APPLICATION TO GIVE ANY INFORMATION REGARDING MY QUALIFICATIONS AND CHARACTER. I HEREBY RELEASE SAID EMPLOYERS, SCHOOLS, PERSONS AND THE CITY FROM ANY LIABILITY FOR DAMAGES FOR RECEIVING OR RELEASING INFORMATION. I AGREE AND UNDERSTAND THAT ANY MISSTATEMENT OR OMISSION OF MATERIAL FACT ON THIS APPLICATION WILL CAUSE FORFEITURE ON MY PART OF ALL RIGHTS TO BE CONSIDERED FOR EMPLOYMENT WITH THE CITY AND MAY BE CAUSE FOR DISMISSAL IF ALREADY EMPLOYED. I FURTHER AGREE TO BE FINGERPRINTED; TO SUBMIT TO A JOB-RELATED MEDICAL EXAMINATION, INCLUDING DRUG SCREENING, AND FURNISH SUCH PROOF OF MEETING THE CONDITIONS OF EMPLOYMENT AS MAY BE REQUIRED. *(If application is submitted online or by Fax, we will require an original signature at the time of exam.)*

Signature of Applicant

Date