



Return completed application to:

City of Red Bluff
Human Resources Department
555 Washington Street
Red Bluff, CA 96080
(530) 527-2605
tpritchard@ci.red-bluff.ca.us

EMPLOYMENT APPLICATION

Application must be typed or printed and signed in ink. (Use black or dark blue ink. DO NOT USE PENCIL)

Position applied for: _____ Expected Rate of Pay: _____

Name: _____ Social Security No. _____
LAST FIRST MI

Address: _____
STREET CITY STATE ZIP

Mailing Address: _____
STREET CITY STATE ZIP

Home Phone No.: () _____ Message Phone No. () _____
AREA CODE NUMBER AREA CODE NUMBER

Driver License No.: _____ Class: _____ State Issued: _____ Expiration Date: _____

	Yes	No
If you are hired, can you submit proof of right to work in the United States?	_____	_____
Are you at least 18 years of age?	_____	_____
Have you been discharged or forced to resign a position? (If yes, please explain circumstances below.)	_____	_____

Were you previously employed by the City of Red Bluff? (List under what name and year below.) _____

Do you have any relatives working for the City of Red Bluff? (List names, relationship and department below.) _____

As an Adult have you ever been convicted of a misdemeanor or felony?
(If yes, please list charge(s), date and explain circumstances below.) _____

(Note: Conviction is not necessarily a bar to employment. Each case is given individual consideration.)

All new employees are fingerprinted to determine criminal background.

Do you possess any license, permit, certificate or are there any other experiences, skills or qualifications, which you feel would especially meet the requirements as stated on the job announcement?

Describe: _____

If you are **attaching a resume, please read:** In order for your application to be considered, the following section **MUST** be completed. **A resume MAY be attached, but WILL NOT be acceptable in lieu of this section.** List below all present and past employment **FOR THE LAST 10 YEARS** beginning with your most recent. Explain gaps between employment periods. If more space is needed, use a separate sheet prepared in the same format and attach securely.

Incomplete information MAY result in disqualification.

DATES Month-Year	PRESENT OR LAST POSITION	Company	Position held	Starting salary		
From		Mailing Address	Your supervisor's name and title	Final salary		
TO		City State Zip Code	Reason for Leaving	Phone No.		
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		Your Duties		Hours per week		
DATES Month-Year	NEXT PREVIOUS POSITION	Company	Position held	Starting salary		
From		Mailing Address	Your supervisors name and title	Final salary		
TO		City State Zip Code	Reason for Leaving	Phone No.		
May -we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		Your Duties		Hours per week		
DATES Month-Year	NEXT PREVIOUS POSITION	Company	Position held	Starting salary		
From		Mailing Address	Your supervisor's name and title	Final salary		
To		City State Zip Code	Reason for Leaving	Phone No.		
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		Your Duties		Hours per week		
DATES Month-Year	NEXT PREVIOUS POSITION	Company	Position held	Starting salary		
From		Mailing Address	Your supervisor's name and title	Final salary		
TO		city State Zip Code	Reason for Leaving	Phone No.		
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		Your Duties		Hours per week		
School	Name and Address of School	Course of Study	Credits Earned		Diploma or Degree	Grade Point Average
			Quarter Units	Semester Units		
High						
College						
Other (specify) Business, Trade, etc.						

I HEREBY CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION AND ACCOMPANYING MATERIALS ARE COMPLETE, ACCURATE AND TRUE TO THE BEST OF MY KNOWLEDGE. I AGREE AND UNDERSTAND THAT ANY OMISSIONS OR MISSTATEMENTS OF MATERIAL FACTS CONTAINED IN THE APPLICATION MAY CAUSE ME TO FORFEIT ALL RIGHTS TO EMPLOYMENT WITH THE CITY OF RED BLUFF REGARDLESS OF MY LENGTH OF EMPLOYMENT. I UNDERSTAND THAT THE INFORMATION PROVIDED BY ME WILL BE VERIFIED. I AUTHORIZE THE RELEASE OF PERTINENT INFORMATION TO THE CITY BY EMPLOYERS AND EDUCATIONAL FACILITIES. THIS APPLICATION WILL BE GOOD FOR 180 DAYS.

Signature of Applicant _____
(Use ink, required for application to be complete)

Date _____

Position applied for: _____

*In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. (Not all prohibited bases apply to all programs).
To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, room 326-W, Whitten Building, 1400 Independence Avenue SW, Washington, D.C. 20250-9410 or call (202) 720-5964 (Voice and TDD).*

COMPLETION OF THIS FORM IS VOLUNTARY

APPLICANT: The following information is requested by the Federal Government in order to monitor compliance with Federal laws prohibiting discrimination against applicants seeking to participate in the program. You are not required to furnish this information, but are encouraged to do so. This information will be not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race/national origin of individual applicants on the basis of visual observation or surname.

1) Please check one box only for the ethnicity category you most closely identify with:

- Hispanic or Latino
- Not Hispanic or Latino

2) Please check one box only for the race category you most closely identify with:

- American Indian or Alaskan Native
- Asian
- Black
- Native Hawaiian or Other Pacific Islander
- White

3) Position applied for: _____

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

- A friend or relative
- The City's Personnel Division-Job Line or Walk In
- Contact with a City Department Employee
- If Department, specify which _____
- Interest Card notification
- An advertisement (specify which newspaper, publication, TV, or radio station) _____
- Other means (specify) _____

5) Do you have any physical condition or handicap which may limit your ability to perform the job applied for?
[] YES [] NO

Name (Print)

Signature

Date

If yes, what can be done to accommodate your limitations and, if necessary, to provide assistance in the testing process? If you have special needs, please list and call (530) 527-2605 ext. 3073 or 3051.

"This institution is an equal opportunity provider"

*This is an Equal Opportunity Program. Discrimination is prohibited by Federal law.
Complaints of discrimination may be filed with the Secretary of Agriculture, Washington, D.C. 20250.*