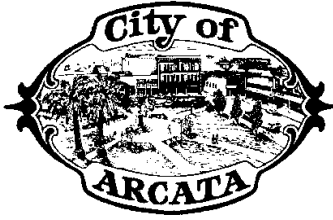


**Position Applied For:**  
**HOURLY MAINTENANCE**  
**TRAINEE**  
**WATER/ WASTEWATER**



**PERSONNEL USE ONLY**

Applicant No. \_\_\_\_\_

## GENERAL EMPLOYMENT APPLICATION

Last Name		First Name		MI
Address		City/State	Zip	Telephone
Social Security Number XXX - XX -	Driver License Number	Class	Email Address	
If under eighteen years of age: after an offer of employment, can you submit a work permit?      ( ) Yes      ( ) No			Can you, after an offer of employment, submit verification of your legal right to work in the United States?      ( ) Yes      ( ) No	

### EMPLOYMENT HISTORY

List any jobs you have held in the last ten years, starting with the most recent. Also include any RELATED work experience that is older than ten years. Include military and voluntary experience. (Please use additional sheets if necessary.) **This section must be completed. Applications will be rejected if you write, "see resume", "see attached" or anything similar.**

Employer's Name		Position Title:	
Address/City/State/Zip		Describe Your Duties:	
Telephone			
Supervisor			
Starting Date	Final Date	Reason for Leaving	
Hours per week:			
Employer's Name		Position Title:	
Address/City/State/Zip		Describe Your Duties:	
Telephone			
Supervisor			
Starting Date	Final Date	Reason for Leaving	
Hours per week:			
Employer's Name		Position Title:	
Address/City/State/Zip		Describe Your Duties:	
Telephone			
Supervisor			
Starting Date	Final Date	Reason for Leaving	
Hours per week:			

Employer's Name	Position Title:	
Address/City/State/Zip	Describe Your Duties:	
Telephone		
Supervisor		
Starting Date	Final Date	Reason for Leaving
Hours per week:		

\*\*\*Continue employment history on separate sheet/s of paper if necessary. Provide information in same format as presented here.\*\*\*

### EDUCATION AND TRAINING

School	Name and Location of School	Course of Study	# of Years Completed	Degree/Diploma Received
High School				
College				

Licenses/Certificates	Issue/Expiration Dates	Issuer of License	Number if Applicable

1. Have you ever been employed by the City of Arcata?  Yes  No  
 From \_\_\_\_\_ to \_\_\_\_\_ Department \_\_\_\_\_

2. Are you related to anyone currently employed by the City of Arcata?  Yes  No  
 Name \_\_\_\_\_ Department \_\_\_\_\_ Relationship \_\_\_\_\_

3. Have you ever been discharged or asked to resign from any position?  Yes  No  
 Name of Employer \_\_\_\_\_

4. a. Are you a California Public Employees Retirement System(CalPERS) retiree?  Yes  No  
 b. If Yes, have you collected unemployment benefits in the preceding twelve (12) months, based on prior temporary employment with a public employer?  
 Yes  No

5. a. Have you been employed by another CalPERS-covered employer within the last six months?  Yes  No  
 b. If Yes, have you withdrawn your contributions?  Yes  No

6. Have you been employed by a CalPERS reciprocal system employer within the last six months?  Yes  No

7. Pursuant to California Labor Code Section 432.9: Applicants will be asked at a later date in the recruitment process to complete and submit a Criminal Conviction History Questionnaire to the City of Arcata.

Note: The City of Arcata's Criminal Conviction History Questionnaire will ask that you omit any juvenile convictions or misdemeanor convictions if records are legally sealed or expunged. Additionally, applicants who possess a Criminal Conviction History are not automatically barred from employment with the City of Arcata. The City may consider the nature, date, and circumstances of the offense(s) as well as whether the offense(s) is relevant to the duties of the position. *\*Notwithstanding any of the preceding, you should not disclose convictions that are over two years old as of the date you complete this application for violations of Health and Safety Code Sections 11357, 11360, 11364, 11365, or 11550, as those statutes related to marijuana prior to January 1, 1976 or a statutory predecessor to those statutes.*

**Applicant Certification Please Read Carefully –(If not signed, this application may be rejected)**

I certify under penalty of perjury that the information I have provided in this application is true and complete to the best of my knowledge. I further understand that any false, incomplete, or incorrect statements may result in my disqualification from the examination process or dismissal from employment with the City of Arcata. I understand that the City will investigate all information contained in this application and I authorize the employers and educational institutions identified on this application to release any information they may have concerning my employment or education to the City of Arcata during the course of that investigation. As a condition of employment I agree to sign an oath as specified in Article XX, Section 3 of the California Constitution and Government Code Section 3100 et. Seq., to be fingerprinted, and to submit to a medical examination by a physician (which may include a pre-employment drug test) of the City's choosing, if required for the position for which I am applying.

If employed on an hourly part time, seasonal or temporary basis, the undersigned will be considered an at-will employee and will be free to resign at any time for any reason, the City similarly retains the right to terminate undersigned's employment at- will. No City representative has the authority to make any agreement to the contrary.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date