



City of Gridley Employment Application

685 Kentucky Street
Gridley, CA 95948
P 530-846-5695
F 530-846-3229

Type or print legibly using black ink. This application is part of the examination process. Incomplete or illegible applications will not be considered. Make copies of any information you submit and wish to keep.

Job Title

Last Name

First Name

Middle Initial

Street Address

City

State

Zip

Home Phone

Cell Phone

Social Security Number

- I am interested in: Full Time Part Time Temporary
- I am: 21 years of age or over under 21 years of age
- Please provide the following driver's license information:
State: _____ Number: _____ Class: _____ Expiration Date: _____
- If you possess a license or certificate which is a requirement for the position, please provide the following information:
Issuing Agency _____ Title _____
Number _____ Expiration Date _____
- Have you ever been discharged or forced to resign from any job? Yes No
If "YES", please explain: _____
- Are you currently or have you ever worked for the City of Gridley? Yes No
If "YES", please indicate position title and department: _____
If you previously worked for the City of Gridley under another name, please indicate: _____
- Are you related by blood or marriage to any person(s) presently employed by the City of Gridley? Yes No
- Some City of Gridley positions require weekend and/or shift work. Please indicate any hours, shifts or days you cannot or will not work: _____

EXPERIENCE

DO NOT INDICATE "SEE RESUME". Resumes are not acceptable as substitutes for any part of the application. Begin with your most recent experience and list all experience for the last ten years. Describe your skills, knowledge and abilities completely as they relate to the position you are applying for. ADDITIONAL PAGES MAY BE ATTACHED.

Employment Dates & Salaries	Description of Duties	Employer Information
A. Month/Day/Year From: _____ To: _____ Salary: _____ No. of People Supervised: _____ Hours per Week: _____	Your Title: _____ Duties: _____ _____ _____	Employer: _____ Address: _____ City/State: _____ Supervisor: _____ Reason for Leaving: _____ _____
B. Month/Day/Year From: _____ To: _____ Salary: _____ No. of People Supervised: _____ Hours per Week: _____	Your Title: _____ Duties: _____ _____ _____	Employer: _____ Address: _____ City/State: _____ Supervisor: _____ Reason for Leaving: _____ _____
C. Month/Day/Year From: _____ To: _____ Salary: _____ No. of People Supervised: _____ Hours per Week: _____	Your Title: _____ Duties: _____ _____ _____	Employer: _____ Address: _____ City/State: _____ Supervisor: _____ Reason for Leaving: _____ _____
D. Month/Day/Year From: _____ To: _____ Salary: _____ No. of People Supervised: _____ Hours per Week: _____	Your Title: _____ Duties: _____ _____ _____	Employer: _____ Address: _____ City/State: _____ Supervisor: _____ Reason for Leaving: _____ _____
E. Month/Day/Year From: _____ To: _____ Salary: _____ No. of People Supervised: _____ Hours per Week: _____	Your Title: _____ Duties: _____ _____ _____	Employer: _____ Address: _____ City/State: _____ Supervisor: _____ Reason for Leaving: _____ _____

EDUCATION

High School College or University Attended	Major	Semester Units Earned	Quarter Units Earned	Degree/Date

CERTIFICATION AND AGREEMENT OF APPLICANT

I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION AND ATTACHMENTS ARE TRUE IN ALL RESPECTS AND I UNDERSTAND AND AGREE THAT MISSTATEMENTS AND OR OMISSIONS OF ANY MATERIAL FACT MAY BE CAUSE FOR DISQUALIFICATION OR DISMISSAL. I ALSO GRANT PERMISSION FOR THE CITY OF GRIDLEY TO VERIFY ANY AND ALL INFORMATION CONTAINED WITHIN BY CONTACTING CURRENT AND FORMER EMPLOYERS, SCHOOLS, REFERENCES AND ANY OTHER PERSON. I RELEASE ALL SUCH PERSONS FROM ANY LIABILITY OR DAMAGES ON ACCOUNT OF HAVING FURNISHED SUCH INFORMATION. (YOUR CURRENT EMPLOYER WILL NOT BE CONTACTED UNLESS YOU ARE BEING CONSIDERED AS A FINALIST IN THE RECRUITMENT PROCESS.)

I UNDERSTAND AND AGREE THAT IT IS MY RESPONSIBILITY TO ENSURE THAT MY APPLICATION IS RECEIVED BY THE CITY OF GRIDLEY PERSONNEL DEPARTMENT NO LATER THAN 5:00 PM ON THE FINAL FILING DATE. POSTMARKS WILL NOT BE ACCEPTED.

I UNDERSTAND THAT PRIOR TO BEING OFFERED EMPLOYMENT WITH THE CITY OF GRIDLEY, I MAY BE REQUESTED TO TAKE A JOB RELATED WRITTEN EXAMINATION, PERFORMANCE/SKILLS TEST, PHYSICAL AGILITY TEST AND/OR PARTICIPATE IN ORAL INTERVIEWS. IN THE EVENT THAT I BELIEVE I HAVE A DISABILITY WHICH WILL AFFECT MY ABILITY TO TAKE ANY TESTS, I WILL SO INFORM THE CITY OF GRIDLEY PRIOR TO THE ADMINISTRATION OF THE TEST SO THAT IT CAN BE DETERMINED IF A REASONABLE ACCOMMODATION IS AVAILABLE WHICH WILL FACILITATE MY TAKING THE TEST. REQUESTED ACCOMMODATIONS MAY INCLUDE ACCESSIBLE TESTING SITES, MODIFIED TESTING CONDITIONS AND ACCESSIBLE TESTING FORMATS. THE CITY OF GRIDLEY RESERVES THE RIGHT TO REQUIRE MEDICAL DOCUMENTATION CONCERNING THE NEED FOR ACCOMMODATION.

I UNDERSTAND AND AGREE THAT EMPLOYMENT WITH THE CITY OF GRIDLEY IS CONTINGENT UPON SUCCESSFUL COMPLETION OF A JOB RELATED PREPLACEMENT MEDICAL REVIEW/EXAMINATION AND MY FURNISHING DOCUMENTATION EVIDENCING EMPLOYMENT AUTHORIZATION IS IN ACCORDANCE WITH THE IMMIGRATION REFORM AND CONTROL ACT OF 1986 (IRCA).

I UNDERSTAND AND AGREE THAT EMPLOYMENT WITH THE CITY OF GRIDLEY DOES NOT OCCUR UNTIL THE APPOINTING AUTHORITY AND THE PERSONNEL DEPARTMENT COMPLETES A PAYROLL PERSONNEL FORM (PPP) APPOINTING ME TO A POSITION FOLLOWING SUCCESSFUL COMPLETION OF ALL EMPLOYMENT PROCEDURES. UNTIL FORMAL APPOINTMENT IS MADE IN THIS MANNER, ANY OFFERS OF EMPLOYMENT ARE CONDITIONAL AND PRELIMINARY AND MAY BE WITHDRAWN BY THE CITY.

SIGNATURE: _____ **Date** _____

An Equal Opportunity Employer

Meets MQs: <input type="checkbox"/> Yes <input type="checkbox"/> No Comments: _____ _____ _____	FOR PERSONNEL USE ONLY Initials _____ Date _____	
