



**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	Company	Position held	Starting salary
From		Mailing Address	Your supervisor's name and title	Final salary
To	OR	City State Zip Code	Reason for leaving	Phone No. ( )
May we contact?__Yes __No		LAST POSITION	Your Duties	Hours per week
DATES Month-Year	NEXT	Company	Position held	Starting salary
From		Mailing Address	Your supervisor's name and title	Final salary
To	PREVIOUS	City State Zip Code	Reason for leaving	Phone No. ( )
May we contact?__Yes __No		PREVIOUS POSITION	Your Duties	Hours per week
DATES Month-Year	NEXT	Company	Position held	Starting salary
From		Mailing Address	Your supervisor's name and title	Final salary
To	PREVIOUS	City State Zip Code	Reason for leaving	Phone No. ( )
May we contact?__Yes __No		PREVIOUS POSITION	Your Duties	Hours per week
DATES Month-Year	NEXT	Company	Position held	Starting salary
From		Mailing Address	Your supervisor's name and title	Final salary
To	PREVIOUS	City State Zip Code	Reason for leaving	Phone No. ( )
May we contact?__Yes __No		PREVIOUS POSITION	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 SHASTA LAKE. 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 \_\_\_\_\_ Date \_\_\_\_\_  
(Use ink, required for application to be completed)

Position applied for: \_\_\_\_\_



## City of Shasta Lake Employment Application Survey

*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 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.*

Please check one box:

Ethnic Origin:

- Hispanic or Latino
- American Indian / Alaskan Native
- Asian
- Black / African American
- Native Hawaiian / Other Pacific Islander
- White

---

Name

---

Date

*This institution is an equal opportunity provider*