



526 C Street, Marysville, CA 95901

CITY OF MARYSVILLE

526 C Street, Marysville, CA 95901
(530) 749-3901

EMPLOYMENT APPLICATION

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 or wish to keep.

Job Title _____

Last Name _____

First Name _____

Middle Initial _____

Street and/or Mailing Address _____

City _____

State _____

Zip Code _____

Home Phone _____

Business Phone _____

Social Security Number (Optional) _____

I am interested in: Full Time

Part Time

Temporary

I am 18 – 20 years of age

I am 21 years of age or over

If the position requires a valid driver's license, please complete the following information:

State _____

Number _____

Class _____

Expiration Date _____

LICENSE OR CERTIFICATE: If you possess a license or certificate which is a requirement for this position, please provide the following information:

Issuing Agency _____

Title _____

Number _____

Expiration Date _____

FOR BILINGUAL POSITIONS ONLY – What language(s) other than English, do you speak and/or write?

Speak _____

Write _____

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 Marysville?

Yes

No

If "yes", please indicate position title and department. _____

Are you related by blood or marriage to any person(s) presently employed by the City?

Yes

No

FOR PERSONNEL USE ONLY

Meets Minimum Requirements Yes No

Initials _____

Date Received _____

Comments _____

EDUCATION

High School Attended	Did you Graduate?	Date Received GED	
	Yes No		
College or University Attended	Major	Semester Units Earned	Quarter Units Earned

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.

Month/Day/Year From: _____ To: _____ Salary: _____ No. of People Supervised: _____ Hours Per Week: _____	Your Title: _____ Your Duties: _____ _____ _____ _____	Employer: _____ Address: _____ City/State: _____ Supervisor: _____ Phone: _____ Reason for Leaving: _____
Month/Day/Year From: _____ To: _____ Salary: _____ No. of People Supervised: _____ Hours Per Week: _____	Your Title: _____ Your Duties: _____ _____ _____ _____	Employer: _____ Address: _____ City/State: _____ Supervisor: _____ Phone: _____ Reason for Leaving: _____
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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 material fact may be cause for disqualification or dismissal. I also grant permission for the City 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 because 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 Marysville no later than 5:00 p.m. on the final filing date. Postmarks will not be accepted. I understand that prior to being offered employment with the City of Marysville, I may be requested to take a job related written examination, performance/skill tests, physical agility test and/or participate in oral interview(s). In the event that I believe I have a disability, which will affect my ability to take any test, I will so inform the City of Marysville 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. Requests for accommodations may include accessible testing sites, modified testing conditions and accessible testing formats. The City of Marysville reserves the right to require medical documentation concerning the need for accommodation. I understand and agree that employment with the City of Marysville is contingent upon successful completion of a job related pre-placement medical review/examination which will include drug testing and my furnishing documentation evidencing employment authorization in accordance with the immigration reform and control act of 1986 (IRCA). A background investigation, including fingerprinting, will be required for some positions. I understand and agree that employment with the City of Marysville does not occur until the appointing authority completes a personnel action form (PAF) appointing me the 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 at any time.

Signature _____

DATE _____



CITY OF MARYSVILLE

Position applied for					Date
Age Group	21 or under	22 to 39	40 to 70	71 or older	Social Security Number
Please indicate how you became aware of this job opportunity. (Check one or more.)					
Listing at the City of Marysville			Appeal Democrat		
Bulletin Board (where) _____			Beale High Flyer		
City of Marysville Employee, Friend or Relative			Chico Enterprise Record		
City of Marysville Web Site			Reno Gazette Journal		
Internet Web Site (name site) _____			Sacramento Bee		
Employment Development Department			The Union (Grass Valley)		
Jobs Available Publication			Other (please specify) _____		
Completion of this section is optional. State law prohibits the use of this information for other than statistical purposes.					
Male		Female			
Race/Ethnic Identification					
White, not of Hispanic Origin. A person having origins of any of the original people of Europe, North Africa or the Middle East.					
Black, not of Hispanic Origin. A person having origins of any of the black racial groups of Africa.					
Hispanic. A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish Culture of origin, regardless of race.					
Asian or Pacific Islander. A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent or the					
Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Island and Samoa.					
American Indian or Alaskan Native. A person having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition.					
Other. Please Specify _____					