



# 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

Alternate Phone

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

State

Number

Class

Exp 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

Are you related by blood or marriage to any person(s) presently employed by the City?      Yes       No

Some City positions require weekend and/or shift work. Please indicate any hours, shifts or days you cannot or will not work:

### FOR PERSONNEL USE ONLY

Meets Minimum Requirements    Yes       No       Initials \_\_\_\_\_      Date Received \_\_\_\_\_

Comments \_\_\_\_\_



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## EDUCATION

High School Attended		Did you Graduate?		Date Received GED	
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
College or University Attended	Major	Semester Units Earned	Quarter Units Earned	Degree Earned & Date	

## 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: _____
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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 \_\_\_\_\_



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**This page will be detached from application upon receipt before any review of your qualifications. It will be placed on file separate from all other applicant records and will not be used in deciding who is recommended for employment or any other personnel action.**

## EQUAL EMPLOYMENT DATA

To the applicant: The commitment of the City of Marysville to a policy of equal employment requires that certain information be gathered and maintained for statistical purposes only. The completion of this section is optional.

Position Applied For:

\_\_\_\_\_

**Gender:** Male  Female

**Check the racial or ethnic group with which you identify:**

- Hispanic (Includes persons of Mexican, Puerto Rican, Central of South America or Spanish Origin or Culture)
- White, not Hispanic or Latino
- Black or African-American, not Hispanic or Latino
- Asian, not Hispanic or Latino
- American Indian or Alaskan Native, not Hispanic or Latino
- Native Hawaiian or Other Pacific Islander, not Hispanic or Latino
- Two or More Races, not Hispanic or Latino

**Disability:** Yes  No

Physical Disability: \_\_\_\_\_

Mental Disability: \_\_\_\_\_

Other: \_\_\_\_\_

**Education:**

Circle your highest education level: 6 7 8 9 10 11 12 13 14 15 16+