

| <b>CITY OF OROVILLE – APPLICATION FOR EMPLOYMENT</b><br><b>AN AFFIRMATIVE ACTION/EQUAL OPPORTUNITY EMPLOYER</b><br><b>SUBMIT THIS APPLICATION TO: City of Oroville, Attn: Personnel, 1735 Montgomery Street, Oroville CA 95965</b>                                                                                                                                                                                                                                                                                                            |  |                                   |                                                       |                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------|-------------------------------------------------------|---------------------------------------------------------------|
| <b>SECTION I – READ INSTRUCTIONS CAREFULLY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                   | <b>SECTION II – POSITION APPLIED FOR</b>              |                                                               |
| 1. Type or print clearly,<br>2. Answer each question truthfully and completely. False statements may be cause for rejection of your application or dismissal from employment.<br>3. Sign and date the Application as provided for on the reverse side. Unsigned applications will be rejected.<br>4. If you have applied for a permanent position, you will be notified if you qualify. Temporary position applicants will only be notified if selected for employment.<br>5. <u>Applications submitted without resumes will be rejected.</u> |  |                                   | <b>Public Works<br/>Operator I<br/>Sewer Division</b> |                                                               |
| <b>SECTION III – PERSONAL HISTORY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                   |                                                       |                                                               |
| 1. Name (Last, First, Middle Initial)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | 2. Social Security # (Optional)   |                                                       | 3. Res. Phone #                                               |
| 4. Current Street Address (Street, City, State, Zip Code)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                   |                                                       | 5. Cell Phone #                                               |
| 6. Current Mailing Address (If different from above)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | 7. Email Address                  |                                                       | 8. Bus. Phone #                                               |
| <b>SECTION IV. – GENERAL INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                   |                                                       |                                                               |
| <b>QUESTION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                   | <b>YES</b>                                            | <b>NO</b>                                                     |
| 1. Do you hold a valid Driver's License? ( ) California ( ) Other Number _____ Class _____                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                   | <input type="checkbox"/>                              | <input type="checkbox"/>                                      |
| 2. Have you ever been discharged or requested to resign from any employment due to misconduct or unsatisfactory service? <b>If "Yes", explain in Section IX.</b>                                                                                                                                                                                                                                                                                                                                                                              |  |                                   | <input type="checkbox"/>                              | <input type="checkbox"/>                                      |
| 3. Do you currently hold a valid State of California Driver's License?                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                   | <input type="checkbox"/>                              | <input type="checkbox"/>                                      |
| 4. Do you hold any professional or vocational licenses or certificates? If yes, list in Section VI.                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                   | <input type="checkbox"/>                              | <input type="checkbox"/>                                      |
| 5. May the city contact your present employer for reference purposes? (No explanation necessary. Do not answer if not currently employed.)                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                   | <input type="checkbox"/>                              | <input type="checkbox"/>                                      |
| 6. After employment, can you submit a birth certificate or other proof of age and citizenship?                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                   | <input type="checkbox"/>                              | <input type="checkbox"/>                                      |
| 7. Do you currently have any relatives working for the City of Oroville? If yes, list name _____                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                   | <input type="checkbox"/>                              | <input type="checkbox"/>                                      |
| <b>SECTION V. – EDUCATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                   |                                                       |                                                               |
| <b>A. Elementary/Secondary</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                   |                                                       |                                                               |
| 1. Circle Highest Grade Completed:<br><br>1 2 3 4 5 6 7 8 9 10 11 12                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | 2. High School (Name, City State) |                                                       | 3. Graduate?<br>( ) Yes ( ) No<br>If other, see Item 4. below |
| 4. If you have a high school equivalent diploma (G.E.D.), state name of issuing agency below.                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                   |                                                       |                                                               |
| <b>B. Post-Secondary</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                   |                                                       |                                                               |
| Name/Location of Educational Institutions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | Major                             |                                                       | Degree Attained                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | Graduate?                         |                                                       |                                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | Yes                               | No                                                    |                                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | <input type="checkbox"/>          | <input type="checkbox"/>                              |                                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | <input type="checkbox"/>          | <input type="checkbox"/>                              |                                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | <input type="checkbox"/>          | <input type="checkbox"/>                              |                                                               |
| <b>SECTION VI. LICENSES AND CERTIFICATES (List any professional or vocational licenses or certificates below.)</b>                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                   |                                                       |                                                               |
| 1.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                   |                                                       |                                                               |
| 2.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                   |                                                       |                                                               |
| 3.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                   |                                                       |                                                               |
| <b>SECTION VII. – FOR CITY USE ONLY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                   |                                                       |                                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                   |                                                       |                                                               |

### SECTION VIII. – EMPLOYMENT HISTORY

**NOTE:** List all jobs held in last 5 years and all prior positions which are qualifying for current vacancy, including Military Service, BEGINNING WITH PRESENT EMPLOYMENT STATUS. Account for unemployment, noting reason. Attach additional sheets as necessary. **A RESUME WILL NOT SUBSTITUTE FOR INFORMATION REQUIRED IN THIS SECTION. YOUR APPLICATION WILL BE REJECTED IF YOU WRITE “SEE RESUME” OR LIKE LANGUAGE.**

|                                              |                              |    |                           |               |              |                    |
|----------------------------------------------|------------------------------|----|---------------------------|---------------|--------------|--------------------|
| <b>P<br/>R<br/>E<br/>S<br/>E<br/>N<br/>T</b> | Dates of Employment          |    | Name and Location of Firm | Position Held | Phone Number | Reason for Leaving |
|                                              | From                         | To |                           |               |              |                    |
|                                              |                              |    |                           |               |              |                    |
|                                              | Typical Duties (Describe):   |    |                           |               |              |                    |
| <b>P<br/>R<br/>I<br/>O<br/>R</b>             | Dates of Employment          |    | Name and Location of Firm | Position Held | Phone Number | Reason for Leaving |
|                                              | From                         | To |                           |               |              |                    |
|                                              |                              |    |                           |               |              |                    |
|                                              | 1 Typical Duties (Describe): |    |                           |               |              |                    |
| <b>P<br/>R<br/>I<br/>O<br/>R</b>             | Dates of Employment          |    | Name and Location of Firm | Position Held | Phone Number | Reason for Leaving |
|                                              | From                         | To |                           |               |              |                    |
|                                              |                              |    |                           |               |              |                    |
|                                              | 2 Typical Duties (Describe): |    |                           |               |              |                    |
| <b>P<br/>R<br/>I<br/>O<br/>R</b>             | Dates of Employment          |    | Name and Location of Firm | Position Held | Phone Number | Reason for Leaving |
|                                              | From                         | To |                           |               |              |                    |
|                                              |                              |    |                           |               |              |                    |
|                                              | 3 Typical Duties (Describe): |    |                           |               |              |                    |
| <b>P<br/>R<br/>I<br/>O<br/>R</b>             | Dates of Employment          |    | Name and Location of Firm | Position Held | Phone Number | Reason for Leaving |
|                                              | From                         | To |                           |               |              |                    |
|                                              |                              |    |                           |               |              |                    |
|                                              | 4 Typical Duties (Describe): |    |                           |               |              |                    |

### SECTION IX. – EXPLANATIONS

**NOTE:** Use this space for any explanations or added information you feel qualifies you for this position. Attach additional sheets, if necessary.

| Sec No | Ques No | Explanation or Information (Brief and Complete) |
|--------|---------|-------------------------------------------------|
|        |         |                                                 |

### SECTION X – SIGNATURE AND CERTIFICATION

**I declare under penalty of perjury**, under the laws of the State of California, that all statements contained in this application and any accompanying documents is true and correct, with full knowledge that all statements made in this application are subject to investigation and that any false or dishonest answer to any question may be grounds for denial of application or dismissal from employment. **This application will be rejected if it is not “signed and dated by the applicant” prior to submission.**

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_