

# Employment Application City of Dixon



The position I am applying for is: \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Address \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ Email Address \_\_\_\_\_

List additional names you have used: \_\_\_\_\_

**Please be sure to answer all items completely and accurately.**

Type of work you will accept:       Full Time       Part Time       Seasonal

What date would you be available for work? \_\_\_\_\_

Have you ever filled out an application with us before?       Yes       No

Have you ever been employed with us before?       Yes       No

If yes, in what capacity? \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for leaving? \_\_\_\_\_

What is the minimum salary that you would accept? \_\_\_\_\_

Do you have any relatives, including in-laws, currently employed by us?       Yes       No

If yes, state the name, relationship and department in which they are employed?  
\_\_\_\_\_

Are you legally eligible to be employed in the U.S.?       Yes       No      *Proof of identity & eligibility will be required upon employment*

Are you a veteran of the U.S. Armed Forces?       Yes       No

Dates of military service: \_\_\_\_\_ Branch: \_\_\_\_\_

Any person who may wish to claim a Veterans Preference must submit a copy of a certified form DD214 by the deadline set for the receipt of applications for the position that the person is applying for.

## Education

	High School	Undergraduate College/University	Graduate/Professional
School Name and Location			
Diploma/Degree			
Course of Study			

List any community service projects or experience you have had.

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List any additional languages spoken, special courses, seminars, or workshops that might relate to this position.

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List any licenses or certificates relating to this position.

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Describe any skills, specialized training, or apprenticeship that you have received.

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List any equipment and computer software you can operate.

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If applicable:

Do you have a valid driver's license?

Yes  No

Do you have a valid CDL license?

Yes  No What Class? \_\_\_\_\_

Do you have a Water Operator's license?

Yes  No What Class? \_\_\_\_\_

Do you have a Wastewater Operator's license?

Yes  No What Class? \_\_\_\_\_

## Employment Experience

List previous 5 years of employment. Start with your present or last job. Add another sheet if necessary.

Please do not write "SEE RESUME"

Employer	Dates Employed From/To	Work Performed
Address		
Telephone Number		
Job Title		
Supervisor	Reason For Leaving	
May we contact the employer listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No   If no, why?		
Employer	Dates Employed From/To	Work Performed
Address		
Telephone Number		
Job Title		
Supervisor	Reason For Leaving	
May we contact the employer listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No   If no, why?		
Employer	Dates Employed From/To	Work Performed
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Telephone Number		
Job Title		
Supervisor	Reason For Leaving	
May we contact the employer listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No   If no, why?		

## Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. If I wish to be considered for employment beyond this time period, I understand that I need to inquire as to whether or not applications are being accepted at that time.

I hereby acknowledge that any employment relationships with the City of Dixon is of an At-Will nature, which means that the employee may resign at any time and that the City of Dixon may discharge at any time with or without cause. I understand that neither this document nor any offer of employment for the City of Dixon constitutes an employment contract unless a specific document to that effect is executed by the City of Dixon and be in writing.

In the event of employment, I understand that false or misleading information given in my application or interview(s) shall be considered sufficient cause for dismissal. I further understand that an incomplete application or an absence of my signature on this application is just cause for rejection of this application. I agree to employment entrance exams, if necessary, at the City of Dixon cost. I understand that I am required to abide by all rules and regulations of the employer.

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Signature of Applicant

Date

It is the policy of the City of Dixon to provide equal treatment to all the City of Dixon employees and applicants for the City of Dixon employment without regard to race, color, religion, sex, national origin, citizenship status, ancestry, age, order of protection status, marital status, physical or mental disability, arrest record, military status, sexual orientation, and unfavorable discharge from military service, except as bona fide occupational qualifications may require otherwise. This policy applies to all human resources actions and procedures including, but not limited to: recruitment, selection, training, compensation, benefit programs, promotion, demotion, transfer and termination of employment.

*Individuals in need of special accommodations are asked to notify our office in advance.*