



Application for Employment
City of Wheatland, California
111 C Street, (530) 633-2761

Please Print Clearly In Ink Or Type

Position applying for: _____

Name _____
Last First Middle Initial

Have you ever used another name? If yes, please list _____

Address _____
Street City State Zip Code

Home Phone () _____ Cell () _____ Business Phone () _____

Answer All Questions Completely and Accurately. Incorrect or False Statements are Cause for Rejection or Dismissal.

From what source did you learn of this position? Newspaper ☐ Personal Inquiry ☐ Job Bulletin ☐ Web Site ☐

Will you accept temporary work? YES ☐ NO ☐

Will you accept part-time work? YES ☐ NO ☐

Do you have a valid California driver's license? YES ☐ NO ☐ Number: _____

Can you, after employment, submit birth certificate or other proof of U.S. Citizenship or proof of permanent resident alien status? YES ☐ NO ☐

Person to notify in case of emergency:

Name Address Phone

Have you ever worked for the City of Wheatland? YES ☐ NO ☐ If yes, what department?

Are you related to any current City of Wheatland employees? YES ☐ NO ☐ If yes, please list:

Have you ever been fired or forced to resign a position? YES ☐ NO ☐ If yes, explain:

List any applicable professional vocational certificates you possess or other courses, seminars or related training which would increase your effectiveness in this position. Include title of course, dates attended and certificates received. _____

EDUCATION AND TRAINING

Name and Location of School	Did you Graduate	Degree or Certificate	Study Emphasis

List all positions you have held in the past ten (10) years. Account for volunteer, part-time, military, summer positions, periods of unemployment, etc. It is critical that you provide complete information. List each change of title or promotion separately. Resumes may be attached but WILL NOT be accepted in lieu of COMPLETE ANSWERS. DO NOT WRITE "SEE RESUME." If you need more space, attach additional sheets using the same format. Sign and date any attached sheets.

Date (Month/Year)	Employer	Supervisor
From _____ To _____	Name _____	Name _____
Salary _____	Street _____	Position _____
Total Weekly Hours _____	City/State _____	Phone No. _____
Job Title _____		
Duties _____		

Reason for Leaving your Current or Last Position: _____		

Date (Month/Year)	Employer	Supervisor
From _____ To _____	Name _____	Name _____
Salary _____	Street _____	Position _____
Total Weekly Hours _____	City/State _____	Phone No. _____
Job Title _____		
Duties _____		

Reason for Leaving your Current or Last Position: _____		

Date (Month/Year)	Employer	Supervisor
From _____ To _____	Name _____	Name _____
Salary _____	Street _____	Position _____
Total Weekly Hours _____	City/State _____	Phone No. _____
Job Title _____		
Duties _____		

Reason for Leaving your Current or Last Position: _____		

If employed will you take a loyalty Oath of Public Officers and Employees? _____

I hereby certify that all statements made in this application are true and complete to the best of my knowledge and belief. I authorize the City of Wheatland to investigate my qualifications, employment record or character through inquiries to any sources mentioned in this application, unless otherwise stated.

Signature _____ **Date** _____