



# EMPLOYMENT APPLICATION

An Equal Opportunity Employer

**City of Newman**  
**938 Fresno Street**  
**P.O. Box 787**  
**Newman, CA 95360**  
**(209) 862-3725**

Instructions:

- PLEASE **PRINT** IN INK THE REQUESTED INFORMATION.
- LATE OR INCOMPLETE APPLICATIONS WILL BE REJECTED.
- RESUMES MAY BE ADDED, BUT MAY NOT BE SUBSTITUTED FOR COMPLETION OF THIS APPLICATION.

1. \_\_\_\_\_  
LAST NAME FIRST INITIAL

2. \_\_\_\_\_ 3. \_\_\_\_\_  
POSITION APPLIED FOR DATE

4. \_\_\_\_\_ 5. \_\_\_\_\_  
SOCIAL SECURITY NUMBER TELEPHONE NUMBER

6. MAILING ADDRESS \_\_\_\_\_  
STREET NO. or P.O. BOX CITY STATE ZIP CODE

7. DRIVER'S LICENSE \_\_\_\_\_  
STATE NUMBER CLASS EXPIRATION DATE

8. List any relatives employed by the CITY OF NEWMAN \_\_\_\_\_  
NAME  
RELATIONSHIP DEPARTMENT

9. Have you ever been employed by the CITY OF NEWMAN?  Yes  No

If YES, when and what position? \_\_\_\_\_

10. Professional Certification or license related to the job for which you are applying?

TITLE: \_\_\_\_\_ REGISTRATION NO.: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_

11. Are there any experiences, skills, or qualifications you feel would especially fit you for work with the City of Newman?

\_\_\_\_\_

12. Check each type of work you will accept:  Regular  Part-time  Temporary

13. If your application is considered favorably, on what date will you be available for work? \_\_\_\_\_

14. How did you learn about this position? (Job Announcement, Newspaper, Ad, Other) \_\_\_\_\_

15. EDUCATION: Are You A High School Graduate?  Yes  No  
 If Not, Do You Have A G.E.D. Certificate  Yes  No

Please Indicate Highest-Grade Completed \_\_\_\_\_

**NAMES AND LOCATION OF COLLEGES/  
UNIVERSITIES ATTENDED**

(Should also include vocational, business,  
trade or correspondence schools)

FROM

TO

MAJOR/MINOR

DEGREE/CERTIFICATE  
RECEIVED

	FROM	TO	MAJOR/MINOR	DEGREE/CERTIFICATE RECEIVED

**\*If the position for which you are applying requires work in specialized areas, please attach a transcript or a list of courses completed including number of units.**

16. EXPERIENCE: Start at the top with your most recent experience and work backward. Experience may be paid or unpaid, full-time, part-time or military. Attach additional pages if necessary.

<b>DATES AND SALARY</b>	<b>EMPLOYER'S NAME ADDRESS AND PHONE NO.</b>	<b>JOB TITLE, DESCRIPTION OF DUTIES, HOURS WORKED AND REASON FOR LEAVING</b>
STARTING DATE:  ENDING DATE:	NAME OF SUPERVISOR	TITLE  DUTIES  REASON FOR LEAVING
STARTING SALARY PER  ENDING SALARY PER		
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STARTING SALARY PER  ENDING SALARY PER		

17. May we contact your present employer?     Yes     No

18. May we contact previous employers?     Yes     No

19. Have you ever been convicted of a felony, misdemeanor, or court martial on or after your 18<sup>th</sup> birthday, of which you were sentenced and/or placed on probation?     Yes     No

Comments/Explanation: \_\_\_\_\_  
\_\_\_\_\_

**Application Certification: PLEASE READ BEFORE SIGNING. I CERTIFY that the statements made by me in this application are true, complete, and correct to the best of my knowledge and belief. I understand that statements made are subject to verification and that any misrepresentation, fraud, or omission of material facts may be grounds to deny City employment or for disciplinary action, including dismissal, once employed.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date