



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.

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

17. May we contact your present employer? Yes No

18. May we contact previous employers? Yes No

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