



EMPLOYMENT APPLICATION

Please print or type and complete all sections.

Please return completed application to:
City of Huron
 36311 Lassen Ave. PO Box 339 Huron, CA 93234
 Phone: (559)945-2241 Fax: (559) 945-2609

CITY OF HURON
 AN EQUAL OPPORTUNITY EMPLOYER

POSITION

Position applied for: _____ From what source did you learn about the position? _____

PERSONAL INFORMATION

Name: _____ Social Security Number: _____
Last First Middle Initial

Address: _____
Number Street Apt. No City State Zip

Home Phone: (____) _____ Business Phone: (____) _____ Will you be required to provide a work permit?
 Yes No

Have you been employed by, or applied to, the City of Huron before? Yes No

If yes, please explain: _____

If offered a position, will you be able to provide identification and proof of eligibility to work in the United States?
 Yes No

Date you are available for employment: _____

EDUCATION/TRAINING/SPECIAL QUALIFICATIONS

Highest Grade Completed: _____ I Possess a: High School Diploma GED School: _____

College/University/Trade School or Special Training	Course of Study/Major	Date Degree of Certificate Awarded	Type of Degree or Certificate

Other professional licenses / Certificates or memberships in professional associations:

Military training or experience related to the position:

Languages, other than English, for which you are fluent:
 Read: _____ Write: _____
 Read: _____ Write: _____

Other skills/Qualifications/abilities you possess which relate to the position for which you are applying:

Are you able to do all the essential functions of the position, with or without reasonable accommodations? Yes No

Do you possess a valid California drivers' license? Yes No If yes, License, Number: _____

EMPLOYMENT HISTORY/ WORK EXPERIENCE

Begin with your most recent experience and list all positions within the past ten years, including military experience and volunteer positions. Complete this section even if you attach a resume. (If you need more room, you may attach an additional sheet.) Complete all sections.

Employer: _____ Phone: (____) _____					
Address: _____					
Number	Street	City	State	Zip Code	
Last Position: _____ Employed From: _____ to _____ Last Rate of Pay: _____					
Average number of hours per week worked: _____ Supervisor Name / Title: _____					
Duties and Responsibilities: _____					

Reason for Leaving: _____					
Employer: _____ Phone: (____) _____					
Address: _____					
Number	Street	City	State	Zip Code	
Last Position: _____ Employed From: _____ to _____ Last Rate of Pay: _____					
Average number of hours per week worked: _____ Supervisor Name / Title: _____					
Duties and Responsibilities: _____					

Reason for Leaving: _____					
Employer: _____ Phone: (____) _____					
Address: _____					
Number	Street	City	State	Zip Code	
Last Position: _____ Employed From: _____ to _____ Last Rate of Pay: _____					
Average number of hours per week worked: _____ Supervisor Name / Title: _____					
Duties and Responsibilities: _____					

Reason for Leaving: _____					

APPLICANTS' AGREEMENT / RELEASE / CERTIFICATION

Notice to Applicant:

1. Employment offers may be contingent upon applicant passing a job-related physical examination and background investigations. Fingerprints may be required.
2. All appointments shall be subject to a 6-month (12-month for public safety positions) probationary period. The probationer may be released at any time during this period with or without cause.
3. Temporary part-time and management employees are At-Will and may be released at any time with or without cause.
4. Employment may be contingent upon applicant meeting minimum age requirements or other requirements of the position.
5. Proof of your legal right to work in the United States must be submitted at the time of employment.
6. Upon employment, you shall be expected to take a loyalty oath as required by law.

Certification:

I certify that the information given by me in this application is true and complete in all respects to the best of my knowledge and beliefs, and I agree that any false statements or omissions shall be considered sufficient cause for disqualification or dismissal. I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between the City of Huron and myself for either employment or for providing of any benefit. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the City of Huron unless made in writing.

I understand that prior to being offered employment with the City of Huron. I may be requested to take an employment examination. In the event that I have a disability which will affect my ability to take the test, I will so inform the City of Huron prior to the administration of the test so that a reasonable accommodation can be made. The City of Huron reserves the right to require medical documentation concerning the need for accommodation.

I understand that if employed, I will be required to follow all city policies, procedures and rules. The City of Huron reserves the right to revise policies or procedures, in whole or in part, at any time.

Authorization to Release Employment Records:

I authorize the City of Huron to obtain information from prior and current employers, unless noted differently below, except any information about a disability and medical condition which is prohibited by law under the Americans with Disabilities Act. Information that may be obtained may include, but is not limited to, achievement, performance, attendance, personal history, and disciplinary information. I direct prior and current employers to release such information upon request of the duly accredited representative of the City of Huron regardless of any agreement I may have had with you previously to the contrary. I release any individual, including records custodians, from all liability for damages that may result to me on account of compliance or any attempts to comply with this authorization. This background check may include my driving record. Public Safety applicants agree to submit to a more comprehensive background check in accordance with the law.

I give permission for background/reference/employment checks to be done upon being placed on an eligible list.

I do not give permission for background/reference/employment checks to be done.
Explanation:

I have read, understand and agree to the information noted above:

Signature of Applicant

Date Signed