

CITY OF WILLIAMS

Human Resources Division
P. O. Box 310
810 E Street
Williams, CA 95987

EMPLOYMENT APPLICATION

Programs, services and employment are equally available to everyone. Please inform Human Resources if you require reasonable accommodation for the application or interview.

Date: _____

Position Applying For: _____

How did you become aware of this opening? _____

Full Name: _____
(Last) (First) (Middle)

Mailing Address: _____
(Street) (City) (State) (Zip)

Physical Address: _____
(Street) (City) (State) (Zip)

Phone(s): _____
(Home) (Work) (Cell)

E-Mail: _____ Date Available to Start if Offered: _____

Salary Requirement: _____

If you are under the age of 18 and require a work permit, can you provide one? Yes No

If no, please explain: _____

Have you ever worked for the City of Williams? Yes No

If yes, when and what was your position _____

Are you a citizen of the United States? Yes No

If not, are you legally allowed to work in the United States? Yes No

Type of employment desired: Full-Time Part-Time Temporary Seasonal

Have you ever pled "guilty", "no contest", or been convicted of a crime? Yes No

If yes, give dates and details: _____

Answering yes to these questions does not constitute an automatic rejection for employment. Date of the offense, seriousness and nature of the violation, rehabilitation, and position applied for will be considered.

Do you possess a valid driver's license? Yes No If so, for which State? _____

PREVIOUS EMPLOYMENT: (Begin with your current or most recent employment).

Dates of Employment: From _____ to _____

Title of Position Held: _____

Responsibilities: _____

Starting Salary: _____ Ending Salary: _____

Reason for Leaving: _____

Employer: _____

Address: _____
(Street) (City) (State) (Zip)

Phone: _____ Supervisor: _____
(Name) (Title)

May we contact this employer as a reference Yes No

Dates of Employment: From _____ to _____

Title of Position Held: _____

Responsibilities: _____

Starting Salary: _____ Ending Salary: _____

Reason for Leaving: _____

Employer: _____

Address: _____
(Street) (City) (State) (Zip)

Phone: _____ Supervisor: _____
(Name) (Title)

May we contact this employer as a reference Yes No

"This Institution is an Equal Opportunity Provider"

Dates of Employment: From _____ to _____

Title of Position Held: _____

Responsibilities: _____

Starting Salary: _____ Ending Salary: _____

Reason for Leaving: _____

Employer: _____

Address: _____
(Street) (City) (State) (Zip)

Phone: _____ Supervisor: _____
(Name) (Title)

May we contact this employer as a reference Yes No

DISCLAIMER, ACKNOWLEDGEMENT AND WAIVER

All job applicants must sign and submit with the application form.

I hereby certify that the information submitted is correct to the best of my knowledge and understand that falsification of this information is grounds for refusal to hire or, if hired, dismissal.

I hereby authorize any of the persons or organizations listed in my application to give all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by tis application, and release all such parties from all liability that may result from furnishing such information to you. I authorize you to request and receive such information.

In consideration for my employment and my being considered for employment by the City of Williams, I agree to adhere to the rules and regulations of the City and hereby acknowledge that these rules and regulations may be changed by the City at any time, at the City's sole option and without any prior notice. In addition, I acknowledge that my employment may be terminated, and any offer of employment, if such is made, may be withdrawn, with or without prior notice, at any time, at the option of either the City or me.

I understand that no representative of the City has any authority to enter into any agreement for employment for any specified period of time, or to assure or make some other personnel move, either prior to the commencement of employment, or after I have become employed, or to assure any benefits or terms and condition or employment, or to make any agreement, that is contrary to the foregoing.

"This Institution is an Equal Opportunity Provider"

I hereby acknowledge that I have been advised that this application will remain active for no more than 90 days from the date it was signed.

(Applicants Signature)

(Date Signed)

EQUAL EMPLOYMENT OPPORTUNITY POLICY

It is the ongoing policy of the City of Williams to afford equal employment opportunity to qualified individuals regardless of their race, color, religion, sex, national origin, age, sexual orientation, physical or mental handicap, veteran status, or because they are disabled veterans and to conform to applicable laws and regulations. In keeping with the intent of this policy, the City will adhere strictly to the following personnel practices.

Recruitment, hiring and promotion of individuals in all job classifications will be conducted without regard to race, color, religion, sex, national origin, age, sexual orientation, physical or mental handicap, veteran status, or because they are disabled veterans, except where a bona fide occupational qualification must be met.

Employment decisions will be made in such a manner as to further the principles of equal employment opportunity through the use of valid job-related criteria. All other personnel actions, such as compensation, benefits, transfers, training and development, educational assistance, and social and recreational programs, will be administered without regard to race, color, religion, sex, national origin, age, sexual orientation, physical or mental handicap, veteran status, or because they are disabled veterans except where a bona fide occupational qualification must be met.

Thorough and documented analyses of all personnel actions will be conducted to ensure compliance with the concept of equal opportunity.

Overall responsibility for the development and execution of our Affirmative Action Program is delegated to the City Administrator as the EEO/AAP Coordinator.

“The following information is requested by the Federal Government in order to monitor compliance with Federal Laws prohibiting discrimination against applicants seeking to participate in this program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race/national origin of the individual applicants on the basis of visual observation or surname.”

Ethnicity:

Hispanic or Latino

Not Hispanic or Latino

Race: (Mark one or more)

White

Black or African American

American Indian/Alaska Native

Asian

Native Hawaiian or other Pacific Islander

Gender:

Male

Female

“In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, religion, age, disability (Not all prohibited bases apply to all programs.) To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, DC 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer and lender.”