



Located on the 1st Floor of City Hall
 531 K Street, Eureka, CA 95501
 (707) 441-4124

Application for Temporary/Seasonal Position:

(Describe job type if unsure of position title)

Applicant Instructions: Please read the recruitment announcement for the position desired. If you possess the qualifications for the job, show clearly on this application all previous education, training and work experience which qualify you. Please type or print in ink. Answer all questions accurately and completely. All statements in your application are subject to verification and incorrect or incomplete statements may bar or remove you from employment.

PERSONAL INFORMATION

Name (Last, First, Middle)	Area Code	Home Telephone
Mailing Address	Area Code	Work Telephone
City, State & Zip	Correspond with me by Email: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have a valid Driver's License? Yes _____ No _____	E-Mail	
State: _____ Number: _____ Class: _____ Expiration: _____		

EDUCATION AND TRAINING

Do you have a High School Diploma, G.E.D., or CA High School Proficiency Cert.? ___ No ___ Yes

NAMES OF COLLEGES/UNIVERSITIES ATTENDED	Dates Attended	Course of Study	Degree Awarded		Credits Achieved		Type of Degree	Graduation Date
			Yes	No	Semester	Quarter		

OTHER RELEVANT COURSES AND TRAINING	NAME AND LOCATION	LENGTH OF COURSE	DATE COMPLETED

PROFESSIONAL LICENSES AND/OR CERTIFICATES	SERIAL NUMBER	DATE ISSUED	EXPIRATION DATE

QUALIFYING EXPERIENCE: List your job experience below. Begin with your most recent position and account for all experience within the past 10 years, whether fully related to the position you are applying for or not. Voluntary, non-paid experience will be accepted if job related. List all jobs separately and full explain the duties you performed. You may attach additional sheets if necessary. Failure to complete all required information will cause your application to be rejected.

FROM _____ TO _____ Name and Address of Employer: _____ _____ Phone Number: _____ Name of Supervisor: _____ Reason for Leaving: _____	Title of Your Position: _____ Duties You Performed: _____ _____ _____ Number supervised (if any) _____ No. of Hours per week: _____ Salary \$ _____ Hour _____ Week _____ Month _____
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FROM _____ TO _____ Name and Address of Employer: _____ _____ _____ Phone Number: _____ Name of Supervisor: _____ Reason for Leaving: _____	Title of Your Position: _____ Duties You Performed: _____ _____ _____ _____ Number supervised (if any) _____ No. of Hours per week: _____ Salary \$ _____ Hour _____ Week _____ Month _____
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A "YES" ANSWER TO ANY OF THE NEXT QUESTIONS REQUIRES AN EXPLANATION BELOW

<p>A. Have you ever been employed by the City of Eureka? <input type="checkbox"/> Yes <input type="checkbox"/> No From _____ to _____ Department _____</p> <p>B. Are you related to anyone currently employed by the City of Eureka? <input type="checkbox"/> Yes <input type="checkbox"/> No Name _____ Department _____</p> <p>C. Are you receiving CalPERS retirement benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>D. Are you currently working for another CalPERS agency? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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ADDITIONAL INFORMATION: Use this space to provide additional information as required by this application, or to describe in greater detail any aspects of your experience that are pertinent to the job you are seeking.

CERTIFICATE OF APPLICANT- PLEASE READ CAREFULLY

I have read and understand all the information contained in this application. I authorize the release of information concerning my qualifications, character, or prior record to the City of Eureka through inquiries to any sources. I certify that all statements in this application are true and complete: that there are no misrepresentations, falsifications, or omissions of material fact and I am aware that any misstatements or omissions of material fact may cause rejection of my application, disqualification from competing for, or discharge from any employment in this jurisdiction. Furthermore, I may be required to submit verification of any information provided on this application. I understand that as a condition for employment, I may be required to take and pass medical and psychological tests including drug and alcohol screening. I further understand that to work with youth I will be fingerprinted prior to my employment.

Signature: _____

Date: _____