



CITY OF SONORA

“A Fair and Equitable Public Entity”



EMPLOYMENT APPLICATION FOR SPECIFIC POLICE DEPARTMENT POSITIONS:

(State Exact Job Title On The Line Above)

PLEASE TYPE OR PRINT IN INK

Equal opportunity in appointments is an important City policy. It means that applicants and employees are considered only on the basis of their qualifications and potential regardless of race, religion, creed, political affiliation, color, national origin, ancestry, sex, sexual orientation, age, familial status, military or veteran status, medical condition, pregnancy, or mental or physical disability.

1. NAME _____
Last Name First Name Middle Initial

2. RESIDENCE ADDRESS _____
Number Street City/State Zip Code

3. MAILING ADDRESS _____
Number Street City/State Zip Code

4. TELEPHONE NUMBER: Home () Business ()
E-MAIL ADDRESS: Cell ()

5. DRIVER'S LICENSE _____ / _____ / _____
Class No. State

6. PROFESSIONAL CERTIFICATES/LICENSES/REGISTRATIONS _____ / _____
Number & State Number & State

7. ARE YOU RELATED TO ANYONE WORKING FOR THE CITY OF SONORA? YES NO
If yes, name of employee _____

8. HAVE YOU EVER BEEN CONVICTED OF A CRIME THAT **HAS NOT** BEEN EXPUNGED, SEALED, PARDONED, ANNULLED, STATUTORILY ERADICATED OR DISMISSED UPON CONDITION OF PROBATION?
YES NO RECORD (Check Appropriate Box)

IF YOU ANSWERED YES, WAS THE CONVICTION FOR: (Check Appropriate Box)
FELONY VIOLENT MISDEMEANOR NEITHER

9. ARE YOU LEGALLY ELIGIBLE TO WORK WITHIN THE U.S.A.? YES NO
Upon offer of an assignment, you will be required to show proof acceptable to the City of such eligibility.

EDUCATION

10. Circle Highest Grade Completed	High School Last Attended	Location (City/State)	
1 2 3 4 5 6 7 8 9 10 11 or Graduate/GED			
College, Business or Trade School Attended & Location	Major Subjects	Semester Units	Degree

CURRENT EMPLOYMENT

For Current and Previous Employment, be as complete as possible, leaving no blanks. Listing "See Resume" is not acceptable.
If not currently employed, write under Current Employment Duties "Not Employed".

Title: _____	Duties: _____
Employed From: _____	_____
To: _____	_____
Employer: _____	_____
Supervisor: _____	_____
Supervisor's Phone: (____) _____	_____
Salary: _____	_____
Reason For Leaving: _____	_____
_____	_____

PREVIOUS EMPLOYMENT

List most recent experience first. Carefully account for all employment, paid and unpaid, **over the past 10 years**. If you wish to elaborate on your experience, a supplemental sheet or resume may be attached, but this section must be completed. Include military, service if applicable.

Title: _____	Duties: _____
Employed From: _____	_____
To: _____	_____
Employer: _____	_____
Supervisor: _____	_____
Supervisor's Phone: (____) _____	_____
Salary: _____	_____
Reason For Leaving: _____	_____
_____	_____

Title: _____	Duties: _____
Employed From: _____	_____
To: _____	_____
Employer: _____	_____
Supervisor: _____	_____
Supervisor's Phone: (____) _____	_____
Salary: _____	_____
Reason For Leaving: _____	_____
_____	_____

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Employed From: _____	_____
To: _____	_____
Employer: _____	_____
Supervisor: _____	_____
Supervisor's Phone: (____) _____	_____
Salary: _____	_____
Reason For Leaving: _____	_____
_____	_____

ANY POSITION THAT REQUIRES AN UNDERGRADUATE OR GRADUATE DEGREE AND/OR A CERTIFICATE/LICENSE (Including P.O.S.T.), MUST INCLUDE A COPY OF THE DEGREE OR CERTIFICATE/LICENSE WITH THE COMPLETED APPLICATION.

IMPORTANT - APPLICANT'S CERTIFICATION AND AGREEMENT

I certify that the facts set forth in this application are true and complete to the best of my knowledge. I understand that if I am appointed, false statements on this Application could lead to disciplinary action up to and including dismissal from the appointment. I also understand that I will undergo a background check prior to any appointment.

The City is hereby authorized to make any investigation of the facts set forth in this Application, and I hereby authorize any current or previous employer to release any personnel related facts/data requested by the City of Sonora, including access to my personnel file.

I hereby knowingly, voluntarily, specifically, and permanently waive any rights I may have to examine, review, or to otherwise discover the contents of this investigation and all documents related thereto, whether by request, appeal, grievance, or by legal process.

I understand and agree that the length of my appointment is not guaranteed and that no supervisor, manager or other employee has any authority to alter the foregoing.

Signature _____ **Date** _____