



# CITY OF SONORA

“A Fair and Equitable Public Entity”

## EMPLOYMENT APPLICATION FOR:

(State Exact Job Title On 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. MAY WE CONTACT YOUR PRESENT EMPLOYER AS TO YOUR QUALIFICATIONS, CHARACTER, WORK RECORD? (Will contact only if you authorize.) YES NO

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. <b>Circle</b> 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: _____ Employed From: _____ To: _____ Employer: _____ Supervisor: _____ Supervisor's Phone: (    ) _____ Salary: _____ Reason For Leaving: _____ _____	Duties: _____ _____ _____ _____ _____ _____ _____
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**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: _____ Employed From: _____ To: _____ Employer: _____ Supervisor: _____ Supervisor's Phone: (    ) _____ Salary: _____ Reason For Leaving: _____ _____	Duties: _____ _____ _____ _____ _____ _____ _____
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Title: _____ Employed From: _____ To: _____ Employer: _____ Supervisor: _____ Supervisor's Phone: (    ) _____ Salary: _____ Reason For Leaving: _____ _____	Duties: _____ _____ _____ _____ _____ _____ _____
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Title: _____ Employed From: _____ To: _____ Employer: _____ Supervisor: _____ Supervisor's Phone: (    ) _____ Salary: _____ Reason For Leaving: _____ _____	Duties: _____ _____ _____ _____ _____ _____ _____
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**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 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** \_\_\_\_\_