

EMPLOYMENT APPLICATION

TOWN OF WOODSIDE
 P.O. BOX 620005
 2955 WOODSIDE ROAD
 WOODSIDE, CA 94062
 (650) 851-6790

Equal Opportunity Employer

APPLICANTS MUST COMPLETE THE ENTIRE EMPLOYMENT APPLICATION FORM EVEN IF A RESUME IS ATTACHED.

POSITION APPLIED FOR:	DATE:
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NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

Email address: _____

ARE YOU CURRENTLY EMPLOYED? YES NO

MAY WE CONTACT YOUR PRESENT EMPLOYER? YES NO

ON WHAT DATE WILL YOU BE AVAILABLE? _____

ARE YOU A US CITIZEN OR AUTHORIZED TO WORK IN THE UNITED STATES? YES NO

(NOTE: Proof of citizenship or immigration status will be required prior to employment)

DO YOU HAVE A VALID CALIFORNIA DRIVER'S LICENSE? YES NO NUMBER _____

	HIGH SCHOOL	COLLEGE/UNIVERSITY	GRADUATE
SCHOOL NAME AND LOCATION			
YEARS COMPLETED			
DIPLOMA/DEGREE			
DESCRIBE COURSE OF STUDY			

BASED UPON YOUR EDUCATION AND EXPERIENCE, PLEASE DESCRIBE THE SKILLS, KNOWLEDGE, AND ABILITIES WHICH QUALIFY YOU FOR THIS POSITON:

LIST ANY SPECIALIZED TRAINING, COURSEWORK/SEMINARS, ACTIVITIES, ACHIEVEMENTS, APPRENTICESHIPS, MEMBERSHIPS IN PROFESSIONAL ORGANIZATIONS, AND VOLUNTEER OR COMMUNITY ORGANIZATION WORK THAT YOU FEEL ARE RELEVANT TO YOUR APPLICATION:

EMPLOYMENT

STARTING WITH YOUR MOST RECENT POSITION, LIST ALL EMPLOYMENT. PLEASE ACCOUNT FOR THE PAST TEN YEARS, AND INCLUDE ANY UNEMPLOYMENT OR SCHOOL TIME. USE ADDITIONAL SHEETS IF NECESSARY. LIST ALL MILITARY SERVICE, VOLUNTEER WORK OR SPECIALIZED TRAINING IF IT DIRECTLY RELATES TO POSITION FOR WHICH YOU ARE APPLYING. ANSWER ALL QUESTIONS.

EMPLOYER:	DATES EMPLOYED		WORK PERFORMED:
ADDRESS:	FROM	TO	
PHONE:			
JOB TITLE:			
SUPERVISOR:			
REASON FOR LEAVING:			

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ADDRESS:	FROM	TO	
PHONE:			
JOB TITLE:			
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ADDRESS:	FROM	TO	
PHONE:			
JOB TITLE:			
SUPERVISOR:			
REASON FOR LEAVING:			

APPLICANT’S STATEMENT:

I HEREBY CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE TRUE, AND I AGREE AND UNDERSTAND THAT ANY MISSTATEMENT OR OMISSION OF MATERIAL FACTS WILL CAUSE FORFEITURE ON MY PART OF ALL RIGHTS OF EMPLOYMENT WITH THE TOWN OF WOODSIDE. I AUTHORIZE INVESTIGATION OF ALL MATTERS CONTAINED IN THIS APPLICATION. I FURTHER AGREE TO SUBMIT TO A COMPLETE MEDICAL EXAMINATION BY A TOWN APPOINTED PHYSICIAN AS A CONDITION OF EMPLOYMENT.

SIGNATURE _____ DATE _____

PERSONNEL DEPARTMENT USE ONLY