



EMPLOYMENT APPLICATION

An Equal Opportunity/Affirmative Action/Disabled/Employer

Buellton City Hall
107 West Highway 246
(Mailing) P.O. Box 1819
Buellton, CA 93427
(805) 688-5177
FAX: (805) 686-0086

Website: www.cityofbuellton.com

INSTRUCTIONS: All applications for city employment must be submitted on this application for employment form by 5:00 PM of the deadline date. A separate application must be submitted for each position for which you apply. Please read each question carefully and complete fully by typing or printing clearly in ink. You may attach additional sheets if necessary, but **do not reference resume.** Check appropriate spaces. Failure to fully complete this form may be cause for rejection. Acceptability for participation in any selection process is based on the information in this application.

1. Position Applying For: (Use Exact Title)	10. Do you have a valid California Driver's License or ability to obtain one? Yes <input type="checkbox"/> Class (A, B, or C) Lic. # _____ No <input type="checkbox"/> Ability <input type="checkbox"/>
2. Social Security Number*:	11. What languages other than English do you speak, write, and understand fluently?
3. Name: (Last, First, Middle Initial)	12. Please indicate the type of work you will accept (Check one or more) Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary Work <input type="checkbox"/> Shift Work <input type="checkbox"/>
4. Address: (Number, Street, and Apartment or Space Number)	13. Have you ever been employed by the City of Buellton? No <input type="checkbox"/> Yes <input type="checkbox"/> If Yes, please list date and name of department.
5. City, State, and Zip Code:	
6. Telephone Number:	14. City Personnel rules do not allow employees related within the second degree by birth or marriage to work in the same public works division or other city department where one relative is in a position to appoint or evaluate another. Are any of your relatives employed by the City of Buellton? No <input type="checkbox"/> Yes <input type="checkbox"/> If Yes, please indicate relative's name and relationship to you.
7. Email Address:	
8. Are you 18 years of age or older? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If No, can you, upon employment, submit a Work Permit? Yes <input type="checkbox"/> No <input type="checkbox"/>	
9. Can you, upon employment, submit proof of citizenship or of your legal right to work in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/>	

15. References - List the names of 3 persons who are not related to you and who would have knowledge of your qualifications for the position for which you are applying, such as former co-workers, teachers, etc. Do not repeat names of supervisors listed under work experience.

NAME	BUSINESS ADDRESS	BUSINESS TELEPHONE	BUSINESS/OCCUPATION

16. Are you a High School Graduate? Yes No Do you have a GED? Yes No If No, what was the highest grade you completed? _____

17. Name and location of schools attended other than High School (Include Business, Technical, Vocational, Academy, and Military)	Course or Major Studied	# of Units Completed	Degree/ Certificate Pursued Type (AA, BS, MA, etc.)	Completed? Yes/No

18. May we contact your present employer if you are being seriously considered for hire? Yes No

19. Were you ever discharged or asked to resign? Yes No

20. When you would be able to start work? _____

21. **Resumes may be added but cannot be substituted for this section.** List the present or most recent job first and work back including paid or unpaid, full or part-time, military, and summer jobs. Use a separate block for each job held even though with the same organization. Use additional sheets if necessary to more fully describe duties and/or additional jobs held. If hours worked per week varied, give an average.

DATE, SALARY, HOURS	EXACT JOB TITLE	DUTIES PERFORMED	COMPANY NAME AND ADDRESS
From: _____ To: _____ Mo/Yr _____ Mo/Yr _____ (A.) Total length of time employed: Yrs. ____ Mos. ____ \$ _____ Per _____ Hours per week _____	Title: _____ Supervisor's Name _____	Duties: _____	Telephone _____
	Reason for leaving or desiring change:		Telephone
From: _____ To: _____ Mo/Yr _____ Mo/Yr _____ (B.) Total length of time employed: Yrs. ____ Mos. ____ \$ _____ Per _____ Hours per week _____	Title: _____ Supervisor's Name _____	Duties: _____	Telephone _____
	Reason for Leaving:		Telephone
From: _____ To: _____ Mo/Yr _____ Mo/Yr _____ (C.) Total length of time employed: Yrs. ____ Mos. ____ \$ _____ Per _____ Hours per week _____	Title: _____ Supervisor's Name _____	Duties: _____	Telephone _____
	Reason for Leaving:		Telephone
From: _____ To: _____ Mo/Yr _____ Mo/Yr _____ (D.) Total length of time employed: Yrs. ____ Mos. ____ \$ _____ Per _____ Hours per week _____	Title: _____ Supervisor's Name _____	Duties: _____	Telephone _____
	Reason for Leaving:		Telephone

22. Explain any gaps in your employment history.

23. List any courses, special skills, training, machines, or equipment that you can operate that relate to the requirements of the position. List any licenses or certificates required of this position (include number or date). You may list job-related organizations clubs, professional societies, or other associations to which you belong (you may omit those which indicate your race, creed, color, national origin, ancestry, sex, age, sexual orientation, disability or condition/ marital, domestic partner status, or military or veteran status).

The City of Buellton is hereby authorized to make any job related inquiry of my personal, educational, training, or experience background as detailed in the application and to contact all prior employers and references, with the exception of my present employer unless so authorized in section 17. Further, I hereby authorize all prior employers and references to respond to the City's job-related inquiries. I do hereby agree to release, save, defend, and hold harmless my current and former employers and their officers, employees, and agents from any claims arising from the release of employment information. I understand that an employment offer may be contingent upon my ability to successfully pass a job-related pre-employment physical examination by a City-authorized physician and a job-related background investigation. I understand it is a condition of employment to agree to take the Oath of Allegiance in accordance with state law. I consent to be photographed and fingerprinted for city identification cards. In addition, I understand that I may be fingerprinted in order to obtain summary criminal history information which would be used to determine my eligibility for employment; and I do hereby consent to this requirement if requested. I accept responsibility for providing the Human Resources Department with any change of address, telephone number, and employment status, and understand a loss of opportunity for employment may result if this is neglected. Further, I certify that all statements made on this application are true, complete and accurate to the best of my knowledge. I understand that any false statements or omission is cause for immediate disqualification or dismissal, and I release the City from any liability in any respect if my employment is terminated because of falsified statements, answers or omissions I make in this application.

Signature of Applicant _____ Date _____