



EMPLOYMENT APPLICATION

The City considers applications for all positions without regard to race, color, religion, sex (including pregnancy, sexual orientation and gender identity), national origin, age, disability, citizenship status, genetic information or any other legally protected status.

(Please Print Clearly)

APPLICANT INFORMATION

What Position are you Applying for?

Name:

Last *First* *Middle*

Address:

Street *City* *State* *Zip Code*

Telephone: Email:

Do you possess a valid California Drivers License? Yes No

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Do any of your friends or relatives work at the City? If yes, their names? _____

Have you ever been employed with the City before? Yes No

Are you lawfully authorized to work in the United States? Yes No

What is your availability?

EDUCATION

High School: _____ Did you graduate? Yes No

College: _____ Degree Received? Yes No

Certifications and/or Licenses: _____

If you need this document in an alternate format or other accessibility assistance, please contact the City Clerk at (559) 834-3113, extension 102.

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EMPLOYMENT EXPERIENCE

Start with your most current or most recent employment or volunteer activities.

Provide at least 10-years of employment history, if applicable.

Employer:	Start Date:	End Date:
Telephone Number:	Your Title:	
Reason for Leaving:	Supervisor:	
Duties (or attach resume):		

Employer:	Start Date:	End Date:
Telephone Number:	Your Title:	
Reason for Leaving:	Supervisor:	
Duties (or attach resume):		

Employer:	Start Date:	End Date:
Telephone Number:	Your Title:	
Reason for Leaving:	Supervisor:	
Duties (or attach resume):		

Employer:	Start Date:	End Date:
Telephone Number:	Your Title:	
Reason for Leaving:	Supervisor:	
Duties (or attach resume):		

Employer:	Start Date:	End Date:
Telephone Number:	Your Title:	
Reason for Leaving:	Supervisor:	
Duties (or attach resume):		

If you need this document in an alternate format or other accessibility assistance, please contact the City Clerk at (559) 834-3113, extension 102.

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

PROFESSIONAL REFERENCES

Name:	Telephone:
Relationship:	Years Acquainted:
Name:	Telephone:
Relationship:	Years Acquainted:
Name:	Telephone:
Relationship:	Years Acquainted:

References will not be contacted until mutually agreed upon as part of the search process.

APPLICANT CERTIFICATION STATEMENT

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at this time. I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with the City of Fowler is of an "at will" nature, which means that the employee may resign at any time and the city may discharge employee at any time with or without cause. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the city. I certify that answers given herein are true and complete.

Applicant's Electronic or Printed Signature Date

If you need this document in an alternate format or other accessibility assistance, please contact the City Clerk at (559) 834-3113, extension 102.