

City of Clayton 6000 Heritage Trail Clayton, Ca 94517 925.673-7300 www.ci.clayton.ca.us

EMPLOYMENT APPLICATION

The City of Clayton is an Equal Opportunity Employer and hires on the basis of qualifications (training and experience), and ability to perform effectively in the specified position. We do not and will not discriminate on the basis of race, color, religion, gender, etc., nor for disabilities that can reasonably be accommodated.

Position applying for:				
Name:				
Last	First Middle			
Mailing Address:				
Home Phone:	Message Phone:			
Drivers License No	Date of Expiration:			
Are you a citizen of the United States?NeNeNeNeNeNeNeNeNeNeNo				
Permit No (Proof required)				
Police Officer and Trainee candidates only: Are graduate of a POST Basic Academy? Are you currently attending a POST Basic Acade	YesNo			
List any other names under which you records may be filed:				
more? [DO NOT include convictions settled in juvenile cover two (2) years old for violations of Health and Safet statutes related to marijuana prior to January 1, 1976, or				

Colleges or						
Iniversities ttended	Location	From	То	Units Completed	Degree/Certificates	Major
Office Skill	s and Office Mac	hines you can op	erate:			
Hoovy Equi	nmnt and Field T	Fools you son on	arata:			
—————	phent and Field					
				·		
Special Cer	tificates:					
<u>Title</u>	<u>tle</u> <u>Date Issued</u>		<u>Date Expires</u>		<u>Number</u>	
	e references wi	th phone num	bers:			
ase list three						

Version Date: June 2004

EMPLOYMENT RECORD

Begin with present or most recent position. List work record for past five years, include any other pertinent experience. This section must be completed. A resume may be attached, but does not substitute for completing this section.

From: Month/Year To: Month/Year	Title of Position:
	Last Salary/Pay Scale:
X 1 11 0 1	
Name and address of employer:	Duties included:
Name of supervisor:	
No. supervised:	
Phone No:	
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May we contact?YesNo	Reason for Leaving:
From: Month/Year To: Month/Year	Title of Position:
	Last Salary/Pay Scale:
N 1 11 C 1	D.: 111
Name and address of employer:	Duties included:
Name of supervisor:	
No. supervised:	
Phone No:	
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May we contact?YesNo	Reason for Leaving:
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From: Month/Year To: Month/Year	Title of Position:
	Last Salary/Pay Scale:
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Name and address of employer:	Duties included:
Name of supervisor:	
No. supervised:	
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Phone No:	Reason for Leaving:
May we contact?YesNo	Reason for Leaving.
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The information in this application is correct to the best of my knowledge. I understand and agree that any intentional misstatement or omission of material fact may be cause for disqualification or termination of employment. I understand that the City of Clayton will perform a background investigation based on the information given in my application, including but not limited to criminal and driving record searches, employment and education verification, and relevant citizenship or immigration status; and that such investigations may result in disqualification from employment with the City. Except as otherwise noted, previous employers are authorized to give any and all information concerning my previous employment. I understand that if offered a position with the City of Clayton I may be required to submit to medical and/or psychological examinations, and that any offer of employment is conditioned on the results of such examinations.