

If a license, certificate, or other authorization is required or related to the position for which you are applying, complete the following:

License/Certification (P.E., R.N., Attorney, C.P.A., etc.)	Date Issued	Issued by (State or other Authority)	License No.	Location of Issuing Authority (City & State)

SPECIAL TRAINING: List any special training program or courses you have attended which you feel may add to your qualifications. List course, date, and institution (including Military training).

COURSE TITLE

DATE

GRANTING INSTITUTION

SPECIAL SKILLS/QUALIFICATIONS: List special skills or qualifications (not listed above) you possess which you believe further qualify you for the position for which you are an applicant (include computer languages, types of computers and computer software, wordprocessing, typing speed, 10-Key calculator, specialized equipment or machines, tools, vehicles, heavy equipment, or memberships).

GENERAL INFORMATION

DRIVERS LICENSE: State: _____ Number: _____ Expiration Date: _____

Type of Drivers License:

Class A Class B Class C Class M Class A Commercial Class B Commercial Class C Commercial
 CDL Endorsement(s): Tank Vehicle Double/Triple Trailer Hazardous Materials Passenger

DISMISSALS AND/OR FORCED RESIGNATIONS: Have you ever been fired or forced to resign from any position?

(Check One) Yes No If answer is Yes to either or both of these questions, please explain.

Have you ever been convicted of a **MISDEMEANOR** or **FELONY** and/or placed on probation, fined, or given a suspended sentence such as deferred adjudication in court? List all cases other than minor traffic violations. **PLEASE NOTE:** A full disclosure by you is to your advantage as your record does not constitute an automatic bar to employment. Factors such as, but not limited to, age at time of offense(s) and recency of offense(s) as well as the relationship between the offense(s) and the job(s) for which you apply will be taken into account. **HOWEVER, FAILURE TO ADMIT CONVICTIONS WILL RESULT IN DISQUALIFICATION OF YOUR APPLICATION FOR ONE YEAR.**

(Check One) Yes No If Yes, please provide the following:

Date: ___ / ___ / ___ Charge: _____ City/State: _____

Disposition:

Date: ___/___/___ Charge: _____ City/State: _____

Disposition:

Have you ever been employed in any capacity by the City of Winters? (Check One) Yes No If Yes, please indicate:

Title of Position: _____ Department: _____

Dates of Employment: _____

Are you related to any person employed by the City of Winters? (Check One) Yes No If Yes, please indicate:

Name: _____ Relationship: _____

Department: _____ Position: _____

EMPLOYMENT INFORMATION

In the space provided below, give your employment history beginning with your present or most recent employer. List each position held (even those with the same employer), including military, part-time, summer, volunteer work, and any periods of unemployment. An explanation of any period of unemployment should be included on page 4.

Employer:

Address/City/State:

Phone:(____) _____ Job Title:

Reason for Leaving:

From: _____ To: _____

Mo/Yr

Mo/Yr

Salary:

Beginning

Final

Supervisor/Title:

BRIEFLY DESCRIBE THE NATURE AND DUTIES OF YOUR POSITION

Employer:

Address/City/State:

Phone:(____) _____ Job Title:

Reason for Leaving:

From: _____ To: _____

Mo/Yr

Mo/Yr

Salary:

Beginning

Final

Supervisor/Title:

BRIEFLY DESCRIBE THE NATURE AND DUTIES OF YOUR POSITION

Employer:

Address/City/State:

Phone:() Job Title:

Reason for Leaving:

From: To:

Mo/Yr

Mo/Yr

Salary:

Beginning

Final

Supervisor/Title:

BRIEFLY DESCRIBE THE NATURE AND DUTIES OF YOUR POSITION

Employer:

Address/City/State:

Phone:() Job Title:

Reason for Leaving:

From: To:

Mo/Yr

Mo/Yr

Salary:

Beginning

Final

Supervisor/Title:

BRIEFLY DESCRIBE THE NATURE AND DUTIES OF YOUR POSITION

Employer:

Address/City/State:

Phone:() Job Title:

Reason for Leaving:

From: To:

Mo/Yr

Mo/Yr

Salary:

Beginning

Final

Supervisor/Title:

BRIEFLY DESCRIBE THE NATURE AND DUTIES OF YOUR POSITION

Explanation of any periods of unemployment between jobs:

REFERENCES

List three persons who are not related to you by blood or marriage who can serve as a personal reference.

FULL NAME	COMPLETE HOME ADDRESS	OCCUPATION	PHONE: OFFICE/HOME
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

GENERAL INFORMATION

I, the undersigned, certify that I have *read* and *fully understand* this form in its entirety and that the information provided is true and complete to the best of my knowledge. I understand that should any statement I have made prove false, misleading, or erroneous, it may result in the rejection of my application or discharge from the City of Winters service. In submitting this application, I authorize the City of Winters to verify all data needed to support this application and to obtain references from my present and past employers. I further understand that this application becomes the property of the City of Winters and will not be returned.

I also understand that I will have the right to terminate my employment with the City of Winters at any time without notice and for any reason. I understand that the City of Winters has the same right. If required for the position, I also understand that as a condition of employment I will be subject to one or more of the following: driving record check, criminal history investigation, medical examination and/or a pre-employment drug-alcohol screening test. An employment offer received from the City is contingent upon information received.

Signature of Applicant

Date Signed

WE THANK YOU FOR YOUR INTEREST IN EMPLOYMENT WITH THE CITY OF WINTERS

AN EQUAL OPPORTUNITY EMPLOYER

CITY OF WINTERS

EXHIBIT B

CONFIDENTIAL

CONSENT FORM FOR DRUG TESTING

Date: _____

1. Employee: _____ Employee No. _____
_____ Job Classification _____

2. Supervisor: _____ Employee No. _____
_____ Job Classification _____

3. Are you taking any medications: YES _____ NO _____
If yes, describe: _____

4. Any additional information or comments: _____

Signature of Employee

Date

 * TO BE FILLED IN BY EMPLOYER *
 * *
 * 5. Reason for Consent Agreement: *
 * () Prior to employment, as a condition of *
 * employment. *
 * () Consent to random testing. *
 * () Voluntary testing. *
 * () Work related incident that causes recommendation *
 * for testing. *
 * () Other (Describe) _____ *
 * _____ *
 * * * * *



CONFIDENTIAL

EMPLOYMENT APPLICATION SUPPLEMENT FORM NO. 2

TO THE APPLICANT: If you have been CONVICTED of a misdemeanor or felony offense, please answer the following questions about this conviction.*

1. Name _____ 2. SS// _____

3. When were you arrested? _____
Month _____ Year _____

4. Where were you arrested? _____
City _____ State _____

5. What were you charged with? _____

6. What was the outcome? _____

Probation: Starting _____ Finishing: _____
Month _____ Year _____ Month _____ Year _____

_____ Jail or Prison Sentence (complete No. 7 below)

_____ Fine; \$ _____
Amount _____

_____ Other (Explain.) _____

7. If you were sent to jail or prison:
a. When did you start your sentence? _____
Month _____ Year _____

b. What was the name and location of the prison? _____
Name _____
Location _____

c. When were you released?
_____ Paroled _____
Month _____ Year _____

_____ Sentence Completed _____
Month _____ Year _____

d. If presently on parole, when will your parole be finished? _____
Month _____ Year _____

8. Are you currently under indictment for a felony offense? _____

* If you have had more than one conviction, complete a separate form for each conviction.