



CITY OF RIPON
Application for Employment

1. Answer all questions accurately.
2. All statements are subject to verification.
3. Incorrect statements may bar or remove you from employment.
4. Print in ink or type.
5. Documents submitted will not be returned.
6. Resume is required

PERSONNEL DEPARTMENT
259 N. Wilma Avenue
Ripon, CA 95366
(209) 599-2108

Date: _____

Position Applied for: _____ If hired, can you provide evidence of citizenship or right to work in USA? () Yes () No. Salary Desired: _____ Date Available: _____

1. Name: _____ Social Security Number: _____

2. Present address: _____
(Street) (City) (State) (Zip)

3. Home Phone: _____ Business or Message phone: _____

4. Have you ever applied for a position with the City of Ripon? () Yes () No

5. Have you ever been convicted of a felony? () Yes () No If yes, give circumstances: _____

6. Have you served in the U.S. Military Service? () Yes () No
If yes, please answer:
Service Number: _____ Date of Service: _____

7. Are you actively connected with a Military Reserve Unit? () Yes () No

8. Drivers License _____
(Number) (Class) (Expiration Date) (State)

9. Education: circle last year completed: 6 7 8 9 10 11 12 or G.E.D.

10. Name and Address of grade school or high school last attended: _____

11. College/University/Trade School, etc.	Years Completed	No. of units earned	Major	Degree

12. Professional License, certificate, credential, or other qualifying education or training:

EXPERIENCE

Do not indicate "see resume" - List all employment activity for the past ten years including volunteer work and any breaks in employment. Be specific in describing these jobs and military experiences. Be sure to list each change in title or promotion separately. Use separate sheet of paper if necessary. If qualifying experience is part-time, be sure to list the number of hours per week spent in doing the work. Begin with your present job and list in descending order.

Employer's Name and Address: _____

Employed from: _____ to _____; Title and Duties Performed: _____

Reason for leaving: _____

Employer's Name and Address: _____

Employed from: _____ to _____; Title and Duties Performed: _____

Reason for leaving: _____

Employer's Name and Address: _____

Employed from: _____ to _____; Title and Duties Performed: _____

Reason for leaving: _____

Employer's Name and Address: _____

Employed from: _____ to _____; Title and Duties Performed: _____

Reason for leaving: _____

Employer's Name and Address: _____

Employed from: _____ to _____; Title and Duties Performed: _____

Reason for leaving: _____

Certificate of Applicant: I hereby certify that all statements made on or in connection with this application are true. I understand and agree that any misstatements or omission of material facts may cause forfeiture of my eligibility for employment by The City of Ripon. By signing this application I authorize the City to complete any background check necessary for employment.

_____ Date

_____ Signature