

EMPLOYMENT

Show your present job first, then list all other jobs in order, working down from most recent. Use a separate block for each job title held even if held within the same organization. Show experience for the past 10 years and also earlier experience which may pertain to the position for which you are applying. Use additional sheets if necessary. List any job related volunteer experience you may have had. If hours worked per week varied, give average. **RESUMES WILL NOT BE ACCEPTED IN LIEU OF THE REQUIREMENTS OF THIS SECTION.**

EMPLOYER'S NAME:	START DATE:	FINAL DATE:
TITLE OF YOUR POSITION:	TELEPHONE NUMBER:	SUPERVISOR:
ADDRESS OF EMPLOYER:		REASON FOR LEAVING:
HOURS PER WEEK:	FINAL SALARY: HOURLY <input type="checkbox"/> MONTHLY <input type="checkbox"/>	MAY WE CONTACT? YES <input type="checkbox"/> NO <input type="checkbox"/>
DESCRIBE YOUR DUTIES:		

EMPLOYER'S NAME:	START DATE:	FINAL DATE:
TITLE OF YOUR POSITION:	TELEPHONE NUMBER:	SUPERVISOR:
ADDRESS OF EMPLOYER:		REASON FOR LEAVING:
HOURS PER WEEK:	FINAL SALARY: HOURLY <input type="checkbox"/> MONTHLY <input type="checkbox"/>	MAY WE CONTACT? YES <input type="checkbox"/> NO <input type="checkbox"/>
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EMPLOYER'S NAME:	START DATE:	FINAL DATE:
TITLE OF YOUR POSITION:	TELEPHONE NUMBER:	SUPERVISOR:
ADDRESS OF EMPLOYER:		REASON FOR LEAVING:
HOURS PER WEEK:	FINAL SALARY: HOURLY <input type="checkbox"/> MONTHLY <input type="checkbox"/>	MAY WE CONTACT? YES <input type="checkbox"/> NO <input type="checkbox"/>
DESCRIBE YOUR DUTIES:		

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. I understand that this application is not intended to be a contract of employment.

_____ Date

_____ Signature