

**City of Sonoma
Employment
Application**

Date Received by City:

*City of Sonoma
Personnel Department
#1 The Plaza
Sonoma, CA 95476
707-938-3681*

Information and instructions for applicants

- a. Answer all questions completely and accurately.
 b. Print or type all answers.
 c. If you move, notify the City immediately.
 d. **All sections of this application must be complete, resumes may be included in addition to the application.**

POSITION APPLIED FOR:

How did you hear about this job opening?

Job Flyer: Trade Publication: Web Site:
 Newspaper Ad: Other: _____

NAME - LAST

FIRST

MIDDLE
INITIAL

MAILING ADDRESS

City State Zip

PHONE #

Day: ()
Evening: ()

HOME ADDRESS IF DIFFERENT

City State Zip

HOW LONG THERE?

PREVIOUS ADDRESS

City State Zip

HOW LONG THERE?

SOCIAL SECURITY # _____

DRIVERS' LICENSE # _____

DO YOU HAVE A LEGAL RIGHT TO WORK IN THE UNITED STATES? Yes: No:

Do you have a high school diploma, GED, or California High School Proficiency Certificate? YES NO

Names of Colleges/Universities attended

Dates attended

Type of Degree

Names of Colleges/Universities attended	Dates attended	Type of Degree

Other licenses, certificates and training

Name and location of institution

Length of course

Other licenses, certificates and training	Name and location of institution	Length of course

List any computer programs you use and your level of proficiency:

THIS SECTION MUST BE FILLED OUT

EMPLOYMENT HISTORY

List your work record for the last 10 years. Begin with your most recent experience. Include self-employment and U.S. Military service. Describe the work you did as completely as possible. List each promotion separately. Explain any gaps between employment periods. If more space is needed, use a separate sheet prepared in the same form and attach securely.

From: _____ Month Year	To: _____ Month Year	Title of Position:
Name and Address of Employer Name: _____ Address: _____ City State Zip		Name and Phone Number of Supervisor Name: _____ Phone Number: ()
Number of Employees Supervised:	Monthly Salary:	Hours Per Week:
Reason for Leaving:		
Description of Job Duties:		

From: _____ Month Year	To: _____ Month Year	Title of Position:
Name and Address of Employer Name: _____ Address: _____ City State Zip		Name and Phone Number of Supervisor Name: _____ Phone Number: ()
Number of Employees Supervised:	Monthly Salary:	Hours Per Week:
Reason for Leaving:		
Description of Job Duties:		

From: _____ Month Year	To: _____ Month Year	Title of Position:
Name and Address of Employer Name: _____ Address: _____ City State Zip		Name and Phone Number of Supervisor Name: _____ Phone Number: ()
Number of Employees Supervised:	Monthly Salary:	Hours Per Week:
Reason for Leaving:		
Description of Job Duties:		

Were you ever discharged or forced to resign from any position? YES <input type="checkbox"/> NO <input type="checkbox"/>
May we contact your present and past employers for reference? YES <input type="checkbox"/> NO <input type="checkbox"/>

I hereby certify that all statements made in this application are true and complete to the best of my knowledge and belief. I understand that misstatements or omissions of material facts herein may forfeit my rights to any employment in the service of the City of Sonoma. I authorize the City of Sonoma to investigate my qualifications, employment record or character through inquiries to any source mentioned in this application.

Signature: _____ Date: _____