



# City of Woodland

*An Equal Opportunity Employer*

Human Resources Department, 300 First Street, 2<sup>nd</sup> Floor, Woodland, CA 95695  
Phone: (530) 661-5811 ~ Fax: (530) 661-5813 ~ [www.cityofwoodland.org/employment](http://www.cityofwoodland.org/employment)

## EMPLOYMENT APPLICATION

### 1. NAME

\_\_\_\_\_  
Last Name                      First Name                      Middle Name                      Give Exact Title Shown on Announcement

### 2. POSITION APPLIED FOR

### 3. MAILING ADDRESS

\_\_\_\_\_  
Number                      Street                      City                      State                      Zip

### 4. PHONE

\_\_\_\_\_  
Home                      Work                      Cell/Message

### 5. EMAIL

\_\_\_\_\_

### 6. VALID CALIFORNIA DRIVER LICENSE

\_\_\_\_\_  
Number                      State                      Class                      Endorsements

7. Can you perform the essential functions of this position with or without reasonable accommodations? YES / NO

8. Have you ever been discharged, rejected during probation, or resigned under pressure or unfavorable circumstances from any job or employment within the last ten (10) years? YES / NO                      If yes, please explain below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. List any relatives who are currently employed by the City of Woodland \_\_\_\_\_

10. From which source did you learn of this position \_\_\_\_\_

11. If you are under the age of 18, can you furnish a work permit? YES / NO

12. Can you provide the documentation necessary to prove your identity and authorization to work? YES / NO

### 13. EDUCATION / TRAINING                      In the space below, give a complete outline of your education and training.

Circle highest grade completed	Name and location of last High School Attended	Did you graduate?
1 2 3 4 5 6 7 8 9 10 11 12		YES / NO

**Describe fully below any business, trade school or college education.**

Name and location of Schools	Degree or description of courses, hours of credit	Did you graduate?
		YES / NO
		YES / NO
		YES / NO

14. Please list any professional licenses or certificates you possess, including Issuing Agency, Number & Expiration Date

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**15. WORK / VOLUNTEER EXPERIENCE** List all positions you have held in the **LAST TEN (10) YEARS. PLEASE LIST YOUR PRESENT OR MOST RECENT JOB FIRST.** Applications that indicate "see resume" or do not include specific job duty descriptions will not be considered. If you need more space, please attach additional sheet(s).

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Employer \_\_\_\_\_ Supervisor Name \_\_\_\_\_  
 Address \_\_\_\_\_ Supervisor Phone \_\_\_\_\_  
 Job Title \_\_\_\_\_ Hours per Week \_\_\_\_\_  
 Responsibilities \_\_\_\_\_

Dates of Employment: From \_\_\_\_ / \_\_\_\_ To \_\_\_\_ / \_\_\_\_ Reason for Leaving \_\_\_\_\_

May we contact your current or most recent employer? YES / NO

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Employer \_\_\_\_\_ Supervisor Name \_\_\_\_\_  
 Address \_\_\_\_\_ Supervisor Phone \_\_\_\_\_  
 Job Title \_\_\_\_\_ Hours per Week \_\_\_\_\_  
 Responsibilities \_\_\_\_\_

Dates of Employment: From \_\_\_\_ / \_\_\_\_ To \_\_\_\_ / \_\_\_\_ Reason for Leaving \_\_\_\_\_

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Employer \_\_\_\_\_ Supervisor Name \_\_\_\_\_  
 Address \_\_\_\_\_ Supervisor Phone \_\_\_\_\_  
 Job Title \_\_\_\_\_ Hours per Week \_\_\_\_\_  
 Responsibilities \_\_\_\_\_

Dates of Employment: From \_\_\_\_ / \_\_\_\_ To \_\_\_\_ / \_\_\_\_ Reason for Leaving \_\_\_\_\_

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(1) The City of Woodland accepts/considers applications for eligibility lists or vacant positions only. (2) Your completed application must be received by the HR Department by the final filing date/time as specified on the job announcement. Postmarks are not accepted. (3) Applicants will be notified of their status at the end of the recruitment process. (4) Complete all sections. Incomplete or illegible applications will not be considered. Applications that note "see resume" will not be considered. (5) Reasonable testing arrangements may be made to accommodate candidates with disabilities if a minimum of one-week notice is given to the HR Department. (6) Applicants selected for regular classified City appointment must successfully complete and pass a background investigation including, but not limited to, a criminal background check, a medical examination and a drug/alcohol test.

**CERTIFICATION:** I hereby certify that all statements made on this application and any attachments are true and complete to the best of my knowledge. I understand that any false, incomplete or incorrect statement may result in my disqualification from the examination process or dismissal from employment with the City of Woodland. I authorize the City of Woodland to investigate my references, work record, education, or any matters relating to my suitability for employment. I authorize my former or current employers and educational institutions to release any information they may have concerning my employment or education, to the City of Woodland. I hereby give permission to the employer to seek to verify and supplement the information set forth in the application and I release from all liability, damages, or legal claims every person seeking or providing information, whether oral and written. A photocopy of this release shall be as valid as the original, and may be relied upon by all persons providing information. I further agree that if the City of Woodland is required to defend itself against any claim due to my breach of any provision in this Certification, then I shall pay for the City of Woodland's reasonable attorneys' fees. I also authorize the City of Woodland to obtain and review any documents or records, including driving records, which are applicable to my employment.

\_\_\_\_\_  
**Signature of Applicant (Must be Completed in Ink)** \_\_\_\_\_  
**Date Signed**