



EMPLOYMENT APPLICATION

Human Resources Department
1480 Main Street
St. Helena, California 94574
Main. 707-968-2792 | Fax. 707-967-2758
www.cityofsthelema.org/human-resources

Position Applying For:

An Equal Opportunity Employer

Instructions: Fill out this application accurately and completely. If your application is made out improperly, it may hinder your chances of employment. All statements are subject to verification. False or incorrect statements may bar or remove you from employment.

Applicant Information

Full Legal Name

Last First M.I. Date

Present Address

No. & Street City State Zip Code

Permanent Address (if different from present address)

No. & Street City State Zip Code

Email Address @ Primary Phone Secondary Phone

- Can you, after employment, submit proof of your legal right to work in the United States? Yes No
- Are you currently employed with the City of St. Helena as a full-time classified employee? Yes No
- Have you ever worked for the City of St. Helena as a part-time or full-time employee? Yes No
- Are you related to any person employed by the City of St. Helena? Yes No
- Were you ever discharged or forced to resign from any position? Yes No
- Were you ever a member of the State or Public Employees Retirement System? Yes No
- If under 18, are you able to submit a Work Permit? Yes No

Employment Desired

How did you hear about the City of St. Helena and this job opportunity: _____

Will you accept: Regular Full-time: Yes No Regular Part-time: Yes No
 Temporary/Seasonal: Yes No Saturday/Sunday: Yes No

Would you be willing to work over-time, if necessary: Yes No

What days and hours are you available for work:

If hired, what date would you be able to start:

What is your desired salary: \$ _____

Choose one

HUMAN RESOURCES DEPARTMENT USE ONLY

Application Accepted: Yes No

Rejected, failed application review for the following:

- Education
- Experience
- License/Certification
- Insufficient Information
- Did not meet deadline
- Other, explain: _____

Comments: _____

DATE STAMP



Education, Training, and Experience

School	Name and Address	No. of Years Completed	Did you Graduate?	Degree or Diploma
High School	Name _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	Address _____			
	City _____	State _____	Zip Code _____	
College/ University	Name _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	Address _____			
	City _____	State _____	Zip Code _____	
Vocational/ Business	Name _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	Address _____			
	City _____	State _____	Zip Code _____	
Health Care Training	Name _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	Address _____			
	City _____	State _____	Zip Code _____	

Do you have any other experience, training, qualifications, or skills that you feel make you especially suited for work at the City of St. Helena. Yes No If yes, please explain: _____

Answer the following questions if you are applying for a professional position:

Are you licensed/certified for the job applied for: Yes No License/Certification Number: _____

Name of License/Certification: _____ Issuing State : _____

Has your license/certification ever been revoked or suspended: Yes No

If yes, state reason(s), date of revocation or suspension, and date of reinstatement: _____



Employment History

List below all present and past employment starting with your most recent employer (last five years is sufficient). You must complete this section even if attaching a resume.

Employer 1 – Current or Most Recent

Name of Employer _____ Phone Number _____ Supervisor's Name _____

Address & Street _____ City _____ State _____ Zip Code _____

Dates of Employment:

From _____ To _____ Hourly Rate Annual Salary Starting _____ Ending _____

Your Position and Duties _____

Reason for Leaving _____

May we contact this employer for a reference: Yes No Current employer: Yes No

Employer 2

Name of Employer _____ Phone Number _____ Supervisor's Name _____

Address & Street _____ City _____ State _____ Zip Code _____

Dates of Employment:

From _____ To _____ Hourly Rate Annual Salary Starting _____ Ending _____

Your Position and Duties _____

Reason for Leaving _____

May we contact this employer for a reference: Yes No Current employer: Yes No

Employer 3

Name of Employer _____ Phone Number _____ Supervisor's Name _____

Address & Street _____ City _____ State _____ Zip Code _____



Employer 3 *continued*

Dates of Employment:

From

To

Hourly Rate

Annual Salary

Starting

Ending

Your Position and Duties

Reason for Leaving

May we contact this employer for a reference: Yes No

Current employer: Yes No

Employer 4

Name of Employer

Phone Number

Supervisor's Name

Address & Street

City

State

Zip Code

Dates of Employment:

From

To

Hourly Rate

Annual Salary

Starting

Ending

Your Position and Duties

Reason for Leaving

May we contact this employer for a reference: Yes No

Current employer: Yes No

Employer 5

Name of Employer

Phone Number

Supervisor's Name

Address & Street

City

State

Zip Code

Dates of Employment:

From

To

Hourly Rate

Annual Salary

Starting

Ending

Your Position and Duties

Reason for Leaving

May we contact this employer for a reference: Yes No

Current employer: Yes No



References

List below three persons not related to you who have knowledge of your work performance within the last three years.

Reference 1

_____	_____	_____
First Name	Last Name	Phone Number
_____		_____
Address & Street	City	State Zip Code
_____	_____	_____
Occupation	No. of Years Acquainted	Email Address

Reference 2

_____	_____	_____
First Name	Last Name	Phone Number
_____		_____
Address & Street	City	State Zip Code
_____	_____	_____
Occupation	No. of Years Acquainted	Email Address

Reference 3

_____	_____	_____
First Name	Last Name	Phone Number
_____		_____
Address & Street	City	State Zip Code
_____	_____	_____
Occupation	No. of Years Acquainted	Email Address

Certification of Application

I understand that any omission of material fact in this application may result in refusal of, or separation from, employment. I hereby authorize the City to make any investigation on my background as deemed necessary. I authorize my former employers to provide relevant information regarding my employment. I hereby release my former employers from all damages whatsoever which may result from furnishing the information requested. I agree to be fingerprinted, and to submit to a complete medical exam, as required. I will furnish proof of meeting the conditions of employment as may be required.

Signature: _____ Date: _____



Please Read Carefully, Initial Each Paragraph and Sign Below

Initials

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

Initials

I hereby authorize the City of St. Helena to thoroughly investigate my references, work record, education and other matters related to my suitability for employment unless otherwise specified above. I further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

Initials

I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the Company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the Company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the Company's designated representative.

Initials

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.

Date

Applicant's Signature



Acknowledgement of Notification of Right to Receive Copy of Public Records Obtained by the City

Initials

Should a search of public records be conducted by internal personnel employed by the City of St. Helena, I am entitled to copies of any such public records obtained by the City of St. Helena unless I mark the check box below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below. "Public records" are defined by California state law and means records documenting an "arrest, indictment, conviction, civil judicial action, tax lien, or outstanding judgment." (Civil Code section 1786.53) Any public records request conducted by internal personnel employed by the Company will only be used to the extent allowed by federal, state, or local law.

I waive receipt of a copy of any public record described in the paragraph above.

Date

Applicant's Signature



Optional

Voluntary Equal Employment Opportunity Questionnaire

Instructions: The City of St. Helena is an Equal Opportunity Employer. In an effort to evaluate the effectiveness of its recruiting program, the City of St. Helena requests that you complete this form. The City of St. Helena is legally allowed to gather this information for statistical purposes only and will not be used for employment decisions.

The Human Resources Department will make reasonable efforts in the examination process to accommodate disabled applicants. If you have special needs, please call (707) 968-2792 to make arrangements for accommodation.

Name: _____ Date: _____

Position applied for: _____

Are you: Male Female Decline to answer

Are you age 40 or over: Yes No Decline to answer

Ethnic Origin (select one):

- White
- Hispanic (Mexican, Puerto Rican, Cuban, Central or South American)
- Black
- American Indian or Alaskan Native
- Asian/Pacific Islander
- Two or more races
- Other (if not listed above)
- Decline to answer