



**City of Eureka  
Personnel Department  
531 K Street  
Eureka, CA 95501**

Application for the Position Of:

\_\_\_\_\_

**TEMPORARY**

**Applicant Instructions:** Please read the recruitment announcement for the position desired. If you possess the qualifications for the job, show clearly on this application all previous education, training and work experience which qualify you. Please type or print in ink. Answer all questions accurately and completely. All statements in your application are subject to verification and incorrect or incomplete statements may bar or remove you from employment.

**PERSONAL INFORMATION**

Name (Last, First, Middle)		Area Code	Home Telephone
Mailing Address		Area Code	Work Telephone
City, State & Zip		Correspond with me by Email: <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Email Address:	
Do you have a valid Driver's License?    Yes _____    No _____		Social Security Number	
State: _____	Number: _____	Class: _____	Expiration: _____

**EDUCATION AND TRAINING**

Do you have a High School Diploma, G.E.D., or CA High School Proficiency Cert.?    \_\_\_ No    \_\_\_ Yes

NAMES OF COLLEGES/UNIVERSITIES ATTENDED	Dates Attended	Course of Study	Degree		Credits		Type of Degree	Graduation Date
			Yes	No	Semester	Quarter		

OTHER RELEVANT COURSES AND TRAINING	NAME AND LOCATION	LENGTH OF COURSE	DATE COMPLETED

PROFESSIONAL LICENSES AND/OR CERTIFICATES	SERIAL NUMBER	DATE ISSUED	EXPIRATION DATE

**QUALIFYING EXPERIENCE:** List your job experience below. Begin with your most recent position and account for all experience within the past 10 years, whether related to the position you are applying for or not. Voluntary, non-paid experience will be accepted if job related. List all jobs separately and fully explain the duties you performed. You may attach additional sheets if necessary. Failure to complete all required information will cause your application to be rejected.

FROM _____ TO _____	Title of Your Position: _____
Name and Address of Employer: _____ _____	Duties You Performed: _____ _____ _____
Phone Number: _____	Number supervised (if any) _____ No. of Hours per week: _____
Name of Supervisor: _____	Salary \$ _____ Hour _____ Week _____ Month _____
Reason for Leaving: _____	

FROM _____ TO _____	Title of Your Position: _____
Name and Address of Employer: _____ _____	Duties You Performed: _____ _____ _____
Phone Number: _____	Number supervised (if any) _____ No. of Hours per week: _____
Name of Supervisor: _____	Salary \$ _____ Hour _____ Week _____ Month _____
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FROM _____ TO _____	Title of Your Position: _____
Name and Address of Employer: _____ _____	Duties You Performed: _____ _____ _____
Phone Number: _____	Number supervised (if any) _____ No. of Hours per week: _____
Name of Supervisor: _____	Salary \$ _____ Hour _____ Week _____ Month _____
Reason for Leaving: _____	

**A "YES" ANSWER TO ANY OF THE NEXT 3 QUESTIONS REQUIRES AN EXPLANATION BELOW**

A. Have you ever been employed by the City of Eureka?  Yes  No From \_\_\_\_\_ to \_\_\_\_\_ Department \_\_\_\_\_

B. Are you related to anyone currently employed by the City of Eureka?  Yes  No Name \_\_\_\_\_ Department \_\_\_\_\_

C. Have you ever been convicted as an adult for any violation of the law?  Yes  No Provide dates, location(s), and penalties. Exclude traffic violations under \$150 and convictions more than two years old for violation of Health and Safety Codes §11357 (b) or (c), §11360 (b), §11364, §11365, and §11550 as related to marijuana. Also exclude any conviction for which the record has been judicially ordered sealed, expunged, or statutorily eradicated (e.g., juvenile offense records sealed pursuant to Welfare and Institutions Code §389 and Penal Code §851.7 or §1203.45); any misdemeanor conviction for which probation has been successfully completed or otherwise discharged and the case has been judicially dismissed pursuant to Penal Code §1203.4; or any arrest for which a pretrial diversion program has been successfully completed pursuant to Penal Code §1000.5 and §1001.5. Conviction is not necessarily a bar to employment. Each case will be given individual consideration. Failure to list all convictions other than those excluded above may disqualify you from further consideration.

**ADDITIONAL INFORMATION:** Use this space to provide additional information as required by this application, or to describe in greater detail any aspects of your experience that are pertinent to the job you are seeking.

**CERTIFICATE OF APPLICANT- PLEASE READ CAREFULLY**

I have read and understand all the information contained in this application. I authorize the release of information concerning my qualifications, character, or prior record to the City of Eureka through inquiries to any sources. I certify that all statements in this application are true and complete: that there are no misrepresentations, falsifications, or omissions of material fact and I am aware that any misstatements or omissions of material fact may cause rejection of my application, disqualification from competing for, or discharge from any employment in this jurisdiction. Furthermore, I may be required to submit verification of any information provided on this application. I understand that as a condition for employment, I may be required to take and pass medical and psychological tests including drug and alcohol screening. I further understand that to work with youth I will be fingerprinted prior to my employment.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_