

An Equal Opportunity Employer
Human Resources Department, 300 First Street, Woodland, CA 95695 Phone: 530-661-5811 ~ Fax: 530-661-5813 ~ www.cityofwoodland.org

| 1.         | NAME  |                     |                         | 2. POSITION             | APPLIED FOR:           |                       |
|------------|---|---------------------|-------------------------|-------------------------|------------------------|-----------------------|
|            | Last Name   | First Name          | Middle Name             | Give Exact Ti           | tle Shown on Announcen | nent                  |
| 3.         | MAILING ADDR  | ESS                 |                         |                         |                        |                       |
|            | PHONE   | Number              | Street                  | City                    | State                  | Zip                   |
| ٠.         | Home  | Wor                 | k Ce                    | II                      | Email Address          |                       |
| 5.         | VALID CALIFOR   | NIA DRIVER'S LI     |                         | State                   | Oleren                 | Forders and to        |
|            |   |                     | Number                  |                         | Class                  | Endorsements —        |
| <i>J</i> . | Have you ever been convicted, pled guilty or no contest to any criminal offense? Yes No For each offense please list: the violation; the court (including military); the place and date of conviction; the penalty (fine, sentence, date(s) of probation), and the name under which convicted. Please omit any misdemeanor conviction for which you have successfully completed probation or which has been judicially dismissed pursuant to Penal Code section 1203.4. Note that conviction is not necessarily a bar to employment. Each case is given individual consideration based on the job-relatedness of the offense. Notwithstanding any of the preceding, you should not disclose convictions that are over two years old, as of the date that you complete this application, for violation of Health and Safety Code sections 11357, 11360, 11364, 11365, or 11550, as those statutes related to marijuana prior to January 1, 1976, or a statutory predecessor to those statutes. |                     |                         |                         |                        |                       |
| <b>,</b> . | Can you perform   | the essential fund  | etions of this position | with or without reas    | sonable accommoda      | tions? Yes No No      |
| }.         |   |                     |                         |                         |                        | vorable circumstances |
| ).         | List any relatives who are employed by the City of Woodland.  |                     |                         |                         |                        |                       |
| 10         | . From which sour   | ce did you learn o  | f this position?        |                         |                        |                       |
| 11         | . If you are under  | 18 can you furnish  | a work permit? Yes      | □ No □                  |                        |                       |
| 12         | . Can you provide   | the documentation   | n necessary to prove    | your identity and a     | uthorization to work   | ? Yes ☐ No ☐          |
| Е          | DUCATION  | In space be         | low, give a complet     | e outline of your       | education and train    | ing.                  |
|            | Circle highest g  | rade completed      | Name and                | location of last Hig    | h School attended      | Did you graduate?     |
|            | 1 2 3 4 5 6   | 7 8 9 10 11 12      |                         |                         |                        | ☐ Yes ☐ No            |
|            |   |                     | y below any busines     |                         |                        |                       |
|            | Name and loca   | ation of Schools    | Degree o                | or description of cours | ses, hours of credit   | Did you graduate      |
|            |   |                     |                         |                         |                        | Yes 🗌 No 🗌            |
|            |   |                     |                         |                         |                        | Yes ☐ No ☐            |
|            |   |                     |                         |                         |                        | Yes ☐ No ☐            |
|            |   | Please list any pro | ofessional licenses or  | certificates and Iss    | suing Agency and N     | umber                 |

Complete this section even if you attach a résumé. EXPERIENCE: List all jobs you have held in the <u>LAST TEN YEARS.</u> PUT YOUR PRESENT OR MOST RECENT JOB FIRST. If you need more space, attach additional sheets.

| Employer:  | Supervisor's Phone:   |  |  |  |  |
|--|---|--|--|--|--|
| Address:   |   |  |  |  |  |
| Number Street  | City State Zip  |  |  |  |  |
| Supervisor Name:   |   |  |  |  |  |
|  | tototast rate of pay:   |  |  |  |  |
| Duties and Responsibilities:   |   |  |  |  |  |
|  |   |  |  |  |  |
|  |   |  |  |  |  |
| Reason for leaving (be specific):  |   |  |  |  |  |
| Employer:  | _Supervisor's Phone:  |  |  |  |  |
| Address:   |   |  |  |  |  |
| Number Street Supervisor Name:   | City State Zip  May we contact this employer? Yes No No   |  |  |  |  |
|  | totototast rate of pay:   |  |  |  |  |
| Duties and Responsibilities:   |   |  |  |  |  |
| Ballos and reoportoismillos.   |   |  |  |  |  |
|  |   |  |  |  |  |
| Peacen for leaving (he energific):   |   |  |  |  |  |
| Reason for leaving (be specific):  |   |  |  |  |  |
|  | Supervisor's Phone:   |  |  |  |  |
| Address:Street   | City State Zip  |  |  |  |  |
| Supervisor Name:   | ··  |  |  |  |  |
|  | tototast rate of pay:   |  |  |  |  |
| Duties and Responsibilities:   |   |  |  |  |  |
|  |   |  |  |  |  |
|  | _   |  |  |  |  |
| Reason for leaving (be specific):  |   |  |  |  |  |
| <u> </u>   |   |  |  |  |  |
|  | INFORMATION   |  |  |  |  |
| <ol> <li>The City of Woodland accepts and considers applications for eligibility lists or vacant positions only. Your completed application must be received by the HR Department by the final filing date and time as specified on the job announcement. Postmarks are not accepted.</li> <li>Applicants will be notified of their status at the end of the recruitment process.</li> <li>Complete all sections. Incomplete or illegible applications will not be considered.</li> <li>Reasonable testing arrangements may be made to accommodate candidates with disabilities if a minimum of one week notice is given to the</li> </ol> |   |  |  |  |  |
| <ol> <li>Reasonable testing arrangements may be made to accom<br/>HR department.</li> </ol>  | imodate candidates with disabilities if a minimum of one week notice is given to the  |  |  |  |  |
| <ol><li>Applicants selected for regular classified City appointment<br/>limited to, a medical examination and a drug/alcohol test.</li></ol>   | t must successfully complete and pass a background investigation including, but not   |  |  |  |  |
| understand that any false, incomplete or incorrect statement may with the City of Woodland. I authorize the City of Woodland to investigate and the city of Woodland. I authorize my former or current employers and education, to the City of Woodland. I hereby give permission to and I release from all liability, damages, or legal claims every personall be as valid as the original, and may be relied upon by all perfect defend itself against any claim due to my breach of any provision in  | s application and any attachments are true and complete to the best of my knowledge. I result in my disqualification from the examination process or dismissal from employment estigate my references, work record, education, or any matters relating to my suitability for cational institutions to release any information they may have concerning my employment the employer to seek to verify and supplement the information set forth in the application on seeking or providing information, whether oral and written. A photocopy of this release persons providing information. I further agree that if the City of Woodland is required to a this Certification, then I shall pay for the City of Woodland's reasonable attorneys' fees. I ments or records, including driving records, which are applicable to my employment. |  |  |  |  |
| Signature of Applicant (Sign in Ink)   |   |  |  |  |  |