



City of Hollister APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER

In order for you to be considered for employment this application must be filled out in its ENTIRETY.

humanresources@cityofhollister.com

Date applied _____
mm/dd/yyyy

FOR THE POSITION OF _____

Date available _____

On what basis are you available for employment?

Full time Part time Summer Temporary

Instructions to Applicant. Complete all pages of this application, either by typing or printing legibly. Please sign the last page. The application and any attachments become the property of the City of Hollister.

1. NAME: Last First M			2. SOCIAL SECURITY NUMBER		
3. ADDRESS: Street and Number			4. EMAIL ADDRESS		
5. CITY	STATE	ZIP CODE	6. TELEPHONE NO. (Area Code)		
			HOME: _____		
			MESSAGE: _____		
7. Are you a citizen of the United States?		Yes	No		
If no, are you legally permitted to work in this country?		Yes	No		
Type of work permit and number		Date Issued	Expiration Date		
8. Do you have any relative(s) working for the City of Hollister, serving on the City's Administrative boards or Board of Aldermen?					
Yes No If yes, provide name(s) and relationship: _____					
It is policy that if the City of Hollister employs you, members of your immediate family are not eligible for employment.					
9. Have you ever been employed by the City of Hollister?		Yes	No		
If yes, provide dates and department					
10. Have you been known by any other name?		Yes	No		
If yes, what name					
11. Have you ever been convicted of a crime other than a minor traffic violation?		Yes	No		
If yes, describe in full _____					
		Date	Offense	Location	
A conviction will not automatically disqualify you from consideration. We will consider the nature of the offense in relation to the job for which you are applying. We will also consider your record since the offense was committed.					
12. Can you physically and/or mentally perform the essential job functions of the position for which you are applying?		Yes	No		
If no, can reasonable accommodations be made which would allow you to perform the essential job functions? Yes No					
Answers of "yes" or "no" to questions 9-12 does not automatically disqualify you from employment					
13. Military Service					
Branch of Service _____		From _____	To _____		
		mm/yyyy	mm/yyyy		
Duties/Special Training					
Present military affiliation: None Reserve(Active) Reserve(non active)					

PREVIOUS EMPLOYMENT

List below, the positions you have held starting with your present or most recent employment. Under "Specific Duties" emphasize specific tasks including type of work and supervisory, technical or other responsibilities. Complete each section with as much information as possible.

Indicate reason for leaving employment, i.e., Resigned, Dismissed, Layoff, etc.

DO NOT indicate "SEE RESUME", a resume may be attached to provide additional information or more detailed information, but will not be accepted in lieu of completing this application.

1. Present or last employer	Telephone
Address - Street, City, State, Zip Code	Employed (mm/yyyy) From _____ To _____
Name and Title of Supervisor/Reference	May we contact this employer? Yes _____ No _____
State job title and give a brief description of duties	Hourly or annual salary Start _____ Last _____
	Reason for leaving:

2. Previous employer	Telephone
Address - Street, City, State, Zip Code	Employed (mm/yyyy) From _____ To _____
Name and Title of Supervisor/Reference	May we contact this employer? Yes _____ No _____
State job title and give a brief description of duties	Hourly or annual salary Start _____ Last _____
	Reason for leaving:

3. Previous employer	Telephone
Address - Street, City, State, Zip Code	Employed (mm/yyyy) From _____ To _____
Name and Title of Supervisor/Reference	May we contact this employer? Yes _____ No _____
State job title and give a brief description of duties	Hourly or annual salary Start _____ Last _____
	Reason for leaving:

Do you possess a valid Driver's License?	Yes	No	
If yes check the type you have:	Operators	Commercial	Chauffers
Driver's License	State	Date expires	

EDUCATION

High School last grade completed:	Did you graduate from high school? Yes _____ No _____
High School name: _____	Dates (mm/yyyy) of Attendance: From _____ To _____
Location (City, State) _____	High school equivalency certif.(GED) Yes _____ No _____
If yes, please submit documented proof.	

Vocational Training (Business, Trades, Technical and Military Service)

Name and Location	From Month/Year	To Month/Year	Number of hours Attended per Week	Subjects studied
Name Location				
Name Location				
Name Location				

University and College (Undergraduate, Graduate, Doctorate)

Name and Location	From Month/Year	To Month/Year	Total Hours Semester	Total Hours Quarter	Major Field of Study
Name Location					
Name Location					
Name Location					

Did you graduate? Yes No Degree received _____ Date received _____
mm/yyyy

If your employment and educational records are under any other name, provide name:

Personal Reference

Full Name	Address	City/State/Zip code	Work Phone	Home Phone
1. _____				
2. _____				
3. _____				

PLEASE READ CAREFULLY APPLICANT'S CERTIFICATION AND AGREEMENT

I hereby certify that the facts set forth in the above employment application are true and correct to the best of my knowledge. They are made voluntarily upon application of employment, and as inducement, therefore, I understand that any false statement or information given herein shall be considered sufficient cause for dismissal.

I, the undersigned, do hereby authorize the City of Hollister to conduct an investigation with respect to my application and release the City, my former employers, and personal references from any liability for damage caused by giving and receiving information or opinions as to my employment or character. Any examining doctors, hospitals (public, private, state and including the United States Veterans Admin.), may give the City of Hollister any information or data as the result of any examinations made.

I agree to hold the City harmless and in no event shall the City be liable to me for special, indirect, or consequential damages, for the refusal of employment due to information obtained during my background security check.

I hereby understand and acknowledge that any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

I understand and agree that the City of Hollister is under no obligation to reveal to me or any other person the reason for my rejection for employment. I understand that I must physically reapply for employment if I wish to be considered for any other position open at the City of Hollister.

I understand and agree with the City's drug free workplace and that my employment with the City is contingent upon the drug testing results.

I understand it is my responsibility to ensure my application and any other documents are received by the City of Hollister.

I understand that checking this box constitutes my legal signature confirming that I acknowledge and agree to the stated terms.

Date _____
mm/dd/yyyy

Signature of Applicant: _____