



TOWN OF PARADISE EMPLOYMENT APPLICATION

5555 Skyway
Paradise, CA 95969

PLEASE COMPLETE THIS APPLICATION ACCURATELY.
IT IS PART OF THE EXAMINATION PROCESS.

AGENCY USE ONLY

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POSITION APPLIED FOR:

SOCIAL SECURITY NUMBER (used for tracking purposes)

NAME: Last First Middle Initial

ADDRESS: Number Street Apt No. City State Zip Code

HOME PHONE:

WORK PHONE:

MESSAGE PHONE:

IMMIGRATION REFORM & CONTROL ACT: After employment, you will be required to submit verification of your legal right to work in the United States

Will you accept:

Full-time work? YES ☐ NO ☐
Part-time work? YES ☐ NO ☐
Temp/Seasonal work? YES ☐ NO ☐

CALIFORNIA DRIVER'S LICENSE: If a driver's license is required to perform the job for which you are applying (see Job Announcement), do you have the necessary driver's license?
YES ☐ NO ☐ If YES, License No.

Class: Exp. Date:
(Submit current DMV printout with application)

JOB-RELATED EDUCATION AND TRAINING

Describe fully any business, trade or other education (verification of education may be requested).

Name & Location of School	Years Attended		Date Graduated	Diploma or Degree Received	Major Studies	Units Completed	
	To Mo/Yr	From Mo/Yr				Sem	Qtr
College/University:							
High School:	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/> If NO, do you have a GED, California High School Proficiency Certificate or Equivalent? YES <input type="checkbox"/> NO <input type="checkbox"/>						
Other Schools:							

Describe fully any job-related skills, knowledge, special training, certificates or licenses you may possess. (Attached additional sheets as necessary)

Have you ever been convicted of any offense(s) other than a driving violation? (Exclude juvenile offenses if records legally sealed.) If yes, list offense(s) and date(s) of convictions in "comments" section. A yes answer is not necessarily disqualifying.

YES ☐ NO ☐

Have you ever been convicted of reckless driving or driving under the influence of alcohol or other drugs OR has your driver's license ever been suspended or revoked as a result of conviction(s) of driving violation(s)? List offense(s) and date(s) of conviction(s) in the "comments" section. A yes answer is not necessarily disqualifying.

YES ☐ NO ☐

Were you ever discharged from employment or forced to resign from employment because of misconduct or unsatisfactory services? If yes, explain below. A yes answer is not necessarily disqualifying.

YES ☐ NO ☐

May we contact the employers you listed? If not, please state which one(s) and reason below:

YES ☐ NO ☐

Are you now or have you ever been employed by the Town of Paradise?

YES ☐ NO ☐

Comments:

EXPERIENCE

List your most recent employment or related volunteer experience first and account for all time periods during the last ten (10) years. Be sure to list each change in position separately. If you wish to elaborate on your experience, a supplemental sheet or resume may be attached; a resume will not substitute for the information required in this section. Resume/supplements attached: YES ☐ NO ☐

FROM: MO/YR TO: MO/YR	EMPLOYER (Business or Agency Name)	TITLE OF YOUR PRESENT POSITION	NO. EMPLOYEES SUPERVISED
TOTAL TIME: YRS/MOS	ADDRESS City State Zip	NAME OF SUPERVISOR/PHONE NO.	
	DUTIES:		
FINAL MO SALARY: \$			

REASON FOR LEAVING:

FROM: MO/YR TO: MO/YR	EMPLOYER (Business or Agency Name)	TITLE OF YOUR PRESENT POSITION	NO. EMPLOYEES SUPERVISED
TOTAL TIME: YRS/MOS	ADDRESS City State Zip	NAME OF SUPERVISOR/PHONE NO.	
	DUTIES:		
FINAL MO SALARY: \$			

REASON FOR LEAVING:

FROM: MO/YR TO: MO/YR	EMPLOYER (Business or Agency Name)	TITLE OF YOUR PRESENT POSITION	NO. EMPLOYEES SUPERVISED
TOTAL TIME: YRS/MOS	ADDRESS City State Zip	NAME OF SUPERVISOR/PHONE NO.	
	DUTIES:		
FINAL MO SALARY: \$			

REASON FOR LEAVING:

FROM: MO/YR TO: MO/YR	EMPLOYER (Business or Agency Name)	TITLE OF YOUR PRESENT POSITION	NO. EMPLOYEES SUPERVISED
TOTAL TIME: YRS/MOS	ADDRESS City State Zip	NAME OF SUPERVISOR/PHONE NO.	
	DUTIES:		
FINAL MO SALARY: \$			

REASON FOR LEAVING:

REMARKS: (Attach additional sheets as necessary)

CERTIFICATE OF APPLICANT

I certify that the information shown is true, complete and correct to the best of my knowledge, and that misstatements may subject me to disqualification or dismissal. I understand any or all information included on this application is subject to verification by the Town of Paradise.

SIGNATURE _____

DATE _____

TOWN OF PARADISE EQUAL EMPLOYMENT OPPORTUNITY QUESTIONNAIRE

Date:

Exact title of position you are applying for:

Name:

Date of Birth / /

To comply with United States Government Equal Employment Opportunity requirements we are asking all applicants for employment to complete this form. Data collected will be used for statistical purposes and to measure effectiveness of recruitment efforts and selection procedures. **This information which you provide voluntarily will be kept confidential. Refusing to provide the information will not result in adverse treatment.** The Town of Paradise is an equal opportunity/affirmative action employer. In accordance with applicable laws and regulations, the town does not discriminate on the basis of disability or on the basis of other prohibited criteria. If you feel you have been treated unfairly or discriminated against because of race, color, national origin, sex, age or disability, please contact the Town's Administrative Services Director at (530) 872-6291

A. Are you ☐ Male ☐ Female

B. Are you age 40 or over? ☐ Yes ☐ No

C. Ethnic Origin (Check one)

☐ **White**(not of Hispanic origin): All persons having origins in any of the original peoples of Europe, North Africa or the Middle East.

☐ **Black**(not of Hispanic origin): All persons having origins in any of the black racial groups of Africa.

☐ **Hispanic**: All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race

☐ **Asian or Pacific Islander**: All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific islands.

☐ **Filipino**: All persons having origins in the original peoples of the Philippines.

☐ **American Indian or Alaskan Native** : All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

If you are disabled and would like to request testing accommodations, please describe:

DISABLED APPLICANTS: The HR Office may have resources to assist you in the exam process. If you have special needs, please call:
(530) 872-6291.

I first learned of this job opening through (check one only):

- ☐ A Friend or Relative
☐ Contact with a Town Department/Employee
☐ Bulletin Board

- ☐ The Town's Personnel Department or Walk-In
☐ An Organization or Group; Specify:
☐ An Advertisement; Specify Newspaper, Publication, TV or Radio Station:
☐ Other Means; specify: