

TOWN OF PARADISE
EMPLOYMENT APPLICATION

5555 Skyway
Paradise, CA 95969
530-872-6291 x117

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



AGENCY USE ONLY

POSITION APPLIED FOR: _____ Social Security Number (used for tracking purposes): _____

Last Name: _____ First Name: _____ Middle Initial: _____ Email: _____

Street Address: _____ Apt.#: _____ City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Work/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 FORMAL TRAINING

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

Name & Location of School	From: Mo/Yr	To: Mo/Yr	Degree Received	Major Studies	Units
College/University:					
High School:	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>				
	GED or Proficiency Certificate 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. (Attach additional sheets as necessary):

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/Explanation:

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. 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)	Your title:	No. people supervised:
TOTAL TIME: YRS/MOS	Address:		Name & Phone of Supervisor:	
	Duties:			
REASON FOR LEAVING:				

FROM: MO/YR	TO: MO/YR	EMPLOYER (Business or Agency Name)	Your title:	No. people supervised:
TOTAL TIME: YRS/MOS	Address:		Name & Phone of Supervisor:	
	Duties:			
REASON FOR LEAVING:				

FROM: MO/YR	TO: MO/YR	EMPLOYER (Business or Agency Name)	Your title:	No. people supervised:
TOTAL TIME: YRS/MOS	Address:		Name & Phone of Supervisor:	
	Duties:			
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 _____

THIS IS A VOLUNTARY FORM - REFUSAL TO COMPLETE DOES NOT PRECLUDE EMPLOYMENT

**TOWN OF PARADISE
EQUAL EMPLOYMENT OPPORTUNITY QUESTIONNAIRE**

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 Human Resources Manager at (530) 872-6979.

A. Are you Female Male

B. Are you age 40 or over? Yes No

C. Ethnic Origin (Check One)

White (Not Hispanic or Latino) - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Black or African American (Not Hispanic or Latino) - A person having origins in any of the black racial groups of Africa.

Hispanic or Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Asian (Not Hispanic or Latino) - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

American Indian or Alaska Native (Not Hispanic or Latino) - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

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

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

A friend or relative. Name: _____

Website. Name: _____

Contact with a Town Department

The Town's Personnel Department or Walk-In

An Organization or Group; Specify: _____

An Advertisement; Specify Newspaper, Publication, TV or Radio: _____

Other Means; specify: _____