



**CITY OF WILLITS**  
 111 E Commercial Street  
 Willits, California 95490  
 (707) 459-4601

<b>HUMAN RESOURCES USE</b>	
Date Rec'd _____	
Certified _____	

An Equal Employment Opportunity,  
 Affirmative Action Employer

## APPLICATION FOR EMPLOYMENT

**EXACT TITLE OF POSITION YOU ARE APPLYING FOR:** \_\_\_\_\_

**INSTRUCTIONS:** Please read the announcement to determine if you possess the qualifications for the job. Print, using ink or typewriter. 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. Read the Certificate of Applicant in Section 8 carefully before signing. Resumes will not be accepted in place of a completed application. Do not respond to any questions with "see resume."

### 1. PERSONAL DATA

NAME (Last, First, Middle)	Area Code	Home Telephone
Mailing Address (Number and Street)	Area Code	Work Telephone
(City, State, Zip)	Enter your date of birth If you are less than 21 Years of age _____	
Do you have a valid Driver's License <input type="checkbox"/> YES <input type="checkbox"/> NO State: _____ Number: _____ Class: _____ Expiration Date: _____	Social Security Number (Optional) _____-_____-_____	

### 2. PHYSICAL CONDITIONS OR LIMITATIONS

**DO YOU HAVE ANY PHYSICAL CONDITION OR LIMITATIONS THAT WOULD PREVENT YOU FROM PERFORMING ALL THE DUTIES OF THIS POSITION ON A REGULAR AND CONTINUING BASIS?**  YES  NO  
**IF YES, WHAT CAN BE DONE TO ACCOMMODATE YOUR LIMITATIONS? PLEASE EXPLAIN IN SECTION 6.**

### 3. PREVIOUS CITY EMPLOYMENT AND CURRENT EMPLOYMENT OF A RELATIVE

A. Have you previously been employed by the City of Willits? If you responded "yes", list dates of employment, classification, departments & any former names, if appropriate in Section 6.	<input type="checkbox"/> YES <input type="checkbox"/> NO
B. Are you currently participating in the Public Employees Retirement System?	<input type="checkbox"/> YES <input type="checkbox"/> NO
C. Have you ever participated in the Public Employee's Retirement System?	<input type="checkbox"/> YES <input type="checkbox"/> NO
D. List any relatives currently employed by the City of Willits and their relationship to you:	

### 4. EDUCATION AND TRAINING

CHECK HIGHEST GRADE COMPLETED <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> MORE		NAME & LOCATION OF HIGH SCHOOL _____	Are you a high school grad? <input type="checkbox"/> YES <input type="checkbox"/> NO Have you passed the GED? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Schools attended other than high school	Location	Course of study	Credits Earned		Degree or Certificate Rec'd	
			Sem	Qtr	None	Type
Please describe additional course work or training (including military) which would qualify you for this position:						
Please list certificates or licenses of professional or vocational competence you possess which relate to this position:						
Please list languages other than English which you: Speak _____ Read _____ Write _____						
SPECIAL SKILLS: Typing _____ wpm Shorthand _____ wpm Computer Hardware _____						
What office machines do you operate? _____ Computer Software _____						

## 5. WORK EXPERIENCE

You should respond completely to the information requested in this section and attempt to cover all the requirements listed in the job announcements. LIST YOU MOST RECENT EMPLOYMENT FIRST. Describe different positions held with the same employer in different blocks, showing dates, etc. List all experience, paid and voluntary, related to the position for which you are applying. Additional sheets should be attached to this application when necessary to fully describe related experience, training and education.

**DO NOT ENTER "SEE RESUME"**

FROM (MO. & YR.)	TITLE OF YOUR PRESENT OR MOST RECENT POSITION	ORGANIZATION NAME
TO (MO. & YR.)	DUTIES PERFORMED	NUMBER AND STREET    CITY    STATE
TOTAL TIME YRS.            MO.		EMPLOYER'S BUSINESS
HOURS EACH WEEK		NAME & PHONE OF SUPERVISOR
		REASON FOR LEAVING
FROM (MO. & YR.)	TITLE OF YOUR PRESENT OR MOST RECENT POSITION	ORGANIZATION NAME
TO (MO. & YR.)	DUTIES PERFORMED	NUMBER AND STREET    CITY    STATE
TOTAL TIME YRS.            MO.		EMPLOYER'S BUSINESS
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HOURS EACH WEEK		NAME & PHONE OF SUPERVISOR
		REASON FOR LEAVING

**6. EXPLANATION OF PREVIOUS ITEMS**

Use this space to provide additional information as required by this application. Attach additional sheets if necessary.

**7. PLEASE TELL US HOW YOU BECAME AWARE OF OUR POSITION OPENING**

Newspaper: \_\_\_\_\_  Jobs Available  ICMA  Monster.com  City Website

Employee: \_\_\_\_\_  Other Publication / Journal: \_\_\_\_\_

City bulletin board  Other Public Office  City bulletin board  Other: \_\_\_\_\_

**8. CERTIFICATE OF APPLICANT—PLEASE READ CAREFULLY**

I certify that the foregoing information and answers are true, complete and correct. I understand that any misrepresentation or omission of materials facts is cause for rejection of application, removal from the eligibility list, suspension or dismissal.  
I hereby authorize the City of Willits to investigate all statements contained on this application form.

SIGNATURE

DATE (Month Day Year)

**IF APPOINTED TO A CITY JOB, APPLICANTS WILL BE REQUIRED TO SUBMIT PROOF OF IDENTITY AND ELIGIBILITY TO WORK IN THE UNITED STATES. PRIOR TO HIRING, A CANDIDATE WILL BE FINGERPRINTED AND MEDICALLY EXAMINED AT CITY EXPENSE. FOR SOME POSITIONS, A PSYCHOLOGICAL EVALUATION AND DETAILED BACKGROUND INVESTIGATION WILL BE REQUIRED. CONVICTION RECORDS WILL BE CHECKED.**

# CITY OF WILLITS

## EQUAL EMPLOYMENT OPPORTUNITY

### QUESTIONNAIRE

**RESPONSES TO THE EQUAL EMPLOYMENT OPPORTUNITY QUESTIONNAIRE ARE VOLUNTARY. FAILURE TO ANSWER THE QUESTIONS IN THIS SECTION WILL NOT AFFECT YOUR EMPLOYMENT ELIGIBILITY.**

In order for the City of Willits to monitor its progress in Affirmative Action, it is necessary for us to identify each person who applies for a City job by the factors shown below. We ask your help in checking the squares that apply to you, and filling in the blanks so that we can keep statistics on each examination. ***This section will be detached from the application form, and will be used only for statistics. No decisions in the test process will be based on it.***

Name: \_\_\_\_\_

Position Title: \_\_\_\_\_

Male  Female

Age:  Under 40  Over 40

#### ETHNIC ORIGIN (responses are voluntary)—Please check one of the following:

- |   |  |
|---|--|
| <input type="checkbox"/> <b>White (not of Hispanic origin)</b><br><i>All persons having origin in any of the original peoples of Europe, North Africa, the Middle East, or the Indian subcontinent.</i>   | <input type="checkbox"/> <b>American Indian or Alaskan Native</b><br><i>All persons having origin in any of the original peoples of North America.</i>   |
| <input type="checkbox"/> <b>Black (not of Hispanic origin)</b><br><i>All persons having origin in any Black racial groups.</i>  | <input type="checkbox"/> <b>Filipino</b><br><i>All persons having origin in any of the original peoples of the Philippine Islands.</i>   |
| <input type="checkbox"/> <b>Hispanic</b><br><i>All persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin regardless of race.</i>  | <input type="checkbox"/> <b>Handicapped</b><br><i>Are you handicapped, according to the definition below? Section 503 of the Rehabilitation Act of 1973 defines a handicapped person as anyone who:</i>  |
| <input type="checkbox"/> <b>Asian or Pacific Islanders</b><br><i>All persons having origin in any of the original peoples of the Far East, Southeast Asia, or the Pacific Islands (except the Philippine Islands). This area includes, for example, China, Japan, Korea, the Hawaiian Islands, and Samoa.</i> | <ol style="list-style-type: none"> <li>1. <i>has a physical or mental impairment which substantially limits her/his major life activities, or</i></li> <li>2. <i>has a record of such impairment, or</i></li> <li>3. <i>is regarded as having such impairment</i></li> </ol> |