

CITY OF TULELAKE

591 Main Street P. O. Box 847, Tulelake, CA 96134 Phone 530-667-5522 - FAX 530-667-5351



info@cityoftulelake.com

Employment Application Form

PLEASE COMPLETE PAGES 1-3.			DATE			
Name						
	Last	First		Middle		
Present address						
	Number	Street	City	State	Zip	
How long at current add	dress	S	ocial Secu	urity No		
Telephone ()						
Are you under age 18 _	YESNO, if "YES	s", can you provide p	roof of you	ur eligibili	ity to work?	_YESN0
Are you currently author	rized to work in the United	States?YES _	NO.	Proof of	eligibility will be	e required if hired.
			No Pre Mon _ Tue	ef	ailable to work Thur Fri Sat Sun	
How many hours can yo	ou work weekly?		_			
Employment desired	□FULL-TIME ONLY	□PART-TIME	ONLY	□TE	MPORARY/CO	ONTRACT
When are you available	to start work?					
TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION	N		OF YEARS PLETED	MAJOR & DEGREE
High School						
College						
Bus. or Trade School						
Professional School						
Have you ever been coremployment.)	nvicted of a crime?	No □ Yes (A Co	nviction re	ecord will	not necessarily	disqualify you from
Employee Referral? Na	ıme					
PROSPECTIVE EMPLO	AW AN EMPLOYER MAY DYMENT OR CONTINUE S EXAMINATION TEST A	D EMPLOYMENT, T	HAT ÂN II	NDIVIDU	AL SUBMIT TO	D TAKE A DRUG

APPLICATION FOR EMPLOYMENT

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MILI	TARY								
HAVE YOU EVER BEEN IN THE ARMED FORCES?	□ Yes □ No								
ARE YOU NOW A MEMBER in the ARMED FORCES?	☐ Yes ☐ No								
Specialty Date Er	ntered	Discharge Date	9						
Work Please list your work experience for the beginning with your most recent job held. Experience If you were self-employed, give firm name. Attach additional sheets if necessary.									
Name of applement	Name of last	Constant datas	Day ar aslam:						
Name of employer Address	Name of last supervisor	Employment dates	Pay or salary						
City, State, Zip Code Phone number		From	Start						
		То	Final						
	Your last job title								
Reason for leaving (be specific)									
Name of employer Address	Name of last supervisor	Employment dates	Pay or salary						
City, State, Zip Code Phone number		From	Start						
THORE HAMBOI		То	Final						
	Your Last Job Title								
Reason for leaving (be specific)									
Name of employer Address	Name of last supervisor	Employment dates	Pay or salary						
City, State, Zip Code Phone number		From	Start						
THORE HAMBOI		То	Final						
	Your last job title								
Reason for leaving (be specific)	· · · · · ·								
Name of employer Address	Name of last supervisor	Employment dates	Pay or salary						
City, State, Zip Code Phone number		From	Start						
T HONG HAMIDOI		То	Final						
	Your last job title								
Reason for leaving (be specific)	<u>'</u>								
Please list all licenses and skills that are applicable to the position	ion being applied for:								
- Todase has an incertages and annies that are applicable to the position									

Name	Title/Relationship	Address	City, State	Zip	Telephone
y we contact your pre	sent employer? ☐ Yes	□ No			
I you complete this ap	plication yourself	☐ No If not, who did?			
		E READ CAREFULLY			
in this application from liability the potential	ne potential employer to cor om all previous employers, ential employer and its repro nt decisions and all other pe	educational institutions, ar esentatives for seeking, ga	nd references. I also lathering, and using s	hereby releau uch informa	ase
	ny misrepresentation or mate on of this application or imm d.				
does not constitute a	acknowledge that there is no an agreement or contract fo anship at will, with or without	r employment. Accordingl	y, either I or the emp	loyer can	
applicable federal or	i State law.				
We are an equal em	nployment opportunity emploce, color, religion, gender, s We assure you that your c	exual orientation, national	l origin, citizenship, a	ge, height,	
We are an equal em without regard to rac weight, or disability. qualifications.	nployment opportunity emploce, color, religion, gender, s	exual orientation, national pportunity for employmen	l origin, citizenship, a t with us depends so	ge, height,	
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