



APPLICATION FOR PART-TIME EMPLOYMENT

Position applying for: _____

Name _____

Home Address _____ Telephone _____

Mailing Address (if different from home) _____

Email Address _____ @ _____

Do you have a valid California Driver's License? Yes No

Are you currently employed? No Yes

On what date would you be available for work? _____

Have you worked with us before? No Yes When/how long? _____

Previous job title? _____ Reason for leaving? _____

Are you prevented from lawfully becoming employed in this country because of Visa/Immigration Status?
 No Yes (Proof of citizenship or immigration status will be required upon employment)

Have you been convicted of a felony in the last seven (7) years? No Yes
 (Conviction will not necessarily disqualify you from employment.) If yes, please explain: _____

Please check certificates currently held and give expiration dates:

Standard First Aid, expires _____ Advanced First Aid, expires _____ CPR, expires _____

Sr. Lifesaving, expires _____ Water Safety Instructor, expires _____ Other _____

EDUCATION

HIGH SCHOOL

NAME OF SCHOOL	Current student, Graduate, G.E.D.

TRADE SCHOOL

NAME OF SCHOOL	NO. OF UNITS	MAJOR	MINOR	DEGREE

COLLEGE/UNIVERSITY

NAME OF SCHOOL	NO. OF UNITS	MAJOR	MINOR	DEGREE

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities.

EMPLOYER	DATES EMPLOYED	WORK PERFORMED
Address	From	
	To	
Telephone	Supervisor	
Job Title	Reason for Leaving	Final Salary \$
EMPLOYER	DATES EMPLOYED	WORK PERFORMED
Address	From	
	To	
Telephone	Supervisor	
Job Title	Reason for Leaving	Final Salary \$
EMPLOYER	DATES EMPLOYED	WORK PERFORMED
Address	From	
	To	
Telephone	Supervisor	
Job Title	Reason for Leaving	Final Salary \$

List all course work, special skills and qualifications that would be applicable to position you are applying (summarize special job-related skills acquired from employment and/or other experience.)

REFERENCES

Give name, address and telephone number of three personal references not related to you and not previous employer.

NAME	ADDRESS	RELATIONSHIP	PHONE NUMBER

I, hereby, certify that I understand my employment with the City of Tulare may be subject to fingerprint information. If my fingerprints do not return clear from the Department of Justice, I understand that such information may subject me to disqualification and dismissal from my employment with the City of Tulare.

Signature: _____

Date: _____