



APPLICATION FOR PART-TIME EMPLOYMENT

Position(s) applying for: _____		
Name _____		
Home Address _____	City _____	Daytime Phone _____
Mailing Address (if different) _____	Cell Phone _____	
E-Mail Address _____	@ _____	

Please check certificates currently held and give expiration dates:

- Standard First Aid, expires _____
 Advanced First Aid, expires _____
 CPR certified, expires _____
 Sr. Lifesaving, expires _____
 Water Safety Instructor, expires _____
 Other _____

Are you currently employed? No Yes

On what date would you be available for work? _____

Have you worked for our Department before? No Yes * When/how long? _____

Previous job title? _____ Reason for leaving? _____

Have you ever been employed by a PERS-sponsored agency (i.e., school district, city agency, etc.). No Yes
 If so, what agency? _____

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)

EDUCATION

HIGH SCHOOL

NAME AND ADDRESS OF SCHOOL(S) ATTENDED	Current student, Graduate, G.E.D.

COLLEGE/UNIVERSITY

NAME AND ADDRESS OF SCHOOL(S) ATTENDED	UNITS COMPLETED	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 \$

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	To	
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If you need additional space, please continue on a separate sheet of paper.

LIST COURSE WORK APPLICABLE FOR THIS POSITION

SPECIAL SKILLS AND QUALIFICATIONS (summarize special job-related skills acquired from employment or other experience.)

REFERENCES

Give name, address and telephone number of three (3) personal references who are not related to you and are not previous employers.

NAME	ADDRESS/CITY	RELATIONSHIP	DAYTIME PHONE NUMBER

I hereby certify that I understand that my employment with the City of Tulare is 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: _____