



# TOWN OF LOOMIS

## EMPLOYMENT APPLICATION

**IMPORTANT:** Please complete this application form ONLY if you meet the requirements of the position as described in the job announcement. Applications are subject to disqualification if not signed and completed FULLY. All applications must be submitted by the published closing date.

Position applied for: \_\_\_\_\_ Full Time  Part Time  Temporary  Seasonal

Name \_\_\_\_\_  
Last First Middle

Current Mailing Address \_\_\_\_\_  
Street City State Zip

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Message Phone \_\_\_\_\_

California Driver's License No. \_\_\_\_\_ Expiration Date \_\_\_\_\_ Social Security No. \_\_\_\_\_

- |  |                          |                          |
|--|--------------------------|--------------------------|
|  | Yes                      | No                       |
| • Have you ever been a member of the Public Employees' Retirement System?                          | <input type="checkbox"/> | <input type="checkbox"/> |
| • Can you, after employment, submit verification of your legal right to work in the United States? | <input type="checkbox"/> | <input type="checkbox"/> |
| • May we contact your present employer and former employers?                                       | <input type="checkbox"/> | <input type="checkbox"/> |

Education: (Circle highest grade complete)    1 2 3 4 5 6 7 8 9 10 11 12    College 1 2 3 4    Graduate Work

Schools	Location	Years attended	Major Subjects	Date Graduated
High School:				
College/University:				
Other Schools:				

Describe fully any job related skills, knowledge or special training you may possess: \_\_\_\_\_

Other positions for which you are qualified \_\_\_\_\_

List office machines, computers or heavy duty equipment you can use, your skill level or experience: \_\_\_\_\_

**EMPLOYMENT HISTORY:** Starting with your most recent position, list all employment, military service, or periods of unemployment in the past seven years

Date Mo. & Yr.	Name & Address of Employer	Salary	Position & Name of Supervisor	Reason for Leaving
From:				
To:				
From:				
To:				
From:				
To:				
From:				
To:				

**WORK RELATED REFERENCES:** (no relatives)

Name	Address	Phone No.
1.		
2.		
3.		

In case of an emergency notify:

\_\_\_\_\_

Name
Address
Phone No.

**APPLICANT'S STATEMENT:**

I certify that all statements made in this application are true and complete to the best of my knowledge. I understand that any false statements or omissions of material facts will subject me to disqualification or dismissal. I authorize the companies, schools, or persons named above to give any information regarding my employment or education together with any information they may have regarding my whether or not it is in their records. I hereby release said companies, schools, or persons from all liability for any damage for issuing this information.

\_\_\_\_\_

Signature
Date