Application for Employment

Town of Colma

1198 El Camino Real
Colma, CA 94014
(650) 997-8300 Fax (650) 997-8308
www.colma.ca.gov

Please type or print with blue or black ink.

Position Applied For _____ Date of Application ____ / ____ / ____

Name _____
First   Middle   Last

Address _____
Number and Street   Apt.   City   State   Zip

E-mail _____ Telephone ( ) _____ Other Phone ( ) _____

Are you 18 years or older?   Yes ☐   No ☐

Were you ever discharged or forced to resign from any position?   Yes ☐   No ☐

If yes, explain. _____

Have you ever worked for the Town of Colma?   Yes ☐   No ☐

Dates _____   Department _____

Are you related to any person employed by the Town of Colma?   Yes ☐   No ☐

Name _____   Relationship _____   Dept./Position _____

EDUCATION & TRAINING

High School Graduate?   Yes ☐   No ☐
High School Equivalency?   Yes ☐   No ☐

If no, circle highest year completed:
1   2   3   4   5   6   7   8   9   10   11   12

	Name and Location	Major Subjects	Degree/Certificates	Date Received
High School				
College or University				
Graduate School				
Vocational or Special Training				

Professional License or Certificate (If applicable)	Certificate No.	Date Issued	Date Expires

OTHER JOB RELATED SKILLS (Languages, Computer Programs, etc.)

_____

_____

_____

EMPLOYMENT HISTORY

Starting with the present or most recent experience, provide the following information for all employment during the past 10 years. You may attach a resume or a supplemental sheet, but this section must be completed. Include volunteer employment, if applicable.

May we contact the employers listed below? Yes ☐   No ☐ (If no, indicate which employer(s) not to contact.)

FROM	TO	EMPLOYER	TELEPHONE

JOB TITLE	ADDRESS

IMMEDIATE SUPERVISOR (NAME AND TITLE)	JOB DUTIES AND RESPONSIBILITIES

MONTHLY SALARY START $ FINAL $	HOURS PER WEEK	

REASON FOR LEAVING	

FROM	TO	EMPLOYER	TELEPHONE

JOB TITLE	ADDRESS

IMMEDIATE SUPERVISOR (NAME AND TITLE)	JOB DUTIES AND RESPONSIBILITIES

MONTHLY SALARY START $ FINAL $	HOURS PER WEEK	

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MONTHLY SALARY START $ FINAL $	HOURS PER WEEK	

REASON FOR LEAVING	

CERTIFICATION OF APPLICANT (Carefully read before signing): I certify that the information contained in this application is correct to the best of my knowledge and understand that falsification of this application in any detail is grounds for disqualification or dismissal from employment. I agree to conform to the rules and regulations of the Town of Colma. I consent to inquiries regarding my past employment. I further understand that I may be required to answer additional questions regarding criminal convictions and may be subject to a criminal background check, after it is established that I met the minimum qualifications of the position. Further, I may be required to submit to a complete medical and/or psychological examination, and to furnish such proof of eligibility to work in the United States. I release all parties and persons connected with any request for information from all claims, liabilities and damages for whatever reason arising out of furnishing this information. **DISABLED APPLICANTS**: The Human Resources Office may have resources to assist you in the exam process. If you have special needs, please call 650.997.8300. EOE

Signature_____   Date _____ /_____/_____