



# City of Corning

## EMPLOYMENT APPLICATION

Return completed application to:  
 Personnel Department  
 794 Third Street • Corning, CA 96021  
 (530)824-7033 • www.corning.org

Date \_\_\_\_\_

Position Applied For: \_\_\_\_\_ Rate of pay expected \_\_\_\_\_

Name \_\_\_\_\_ Email address \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Mailing Address (If different from above) \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Message Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Are you a U.S. Citizen?      Yes      No      If not, are you a legal resident?      Yes      No

Driver's License # \_\_\_\_\_ Class \_\_\_\_\_ State Issued \_\_\_\_\_ Expiration Date \_\_\_\_\_

Were you previously employed by the City of Corning?      Yes      No      If yes, when? \_\_\_\_\_

Under what names? \_\_\_\_\_

List any relatives working for the city:

NAME	ADDRESS	PHONE #	RELATIONSHIP
NAME	ADDRESS	PHONE #	RELATIONSHIP

Do you type?      Yes      No \_\_\_\_\_ WPM

Do you possess any licenses, permits, certificates or any experiences, skills or qualifications which would be applicable for work with the City? Please list any foreign language(s) in which you are fluent.

Describe \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

	Name & Address of School	Course of Study	No. of Sem Units	Did You Graduate?	Diploma or Degree	Grade Point Average
High School						
College						
Other (Specify) Business, Trade, etc.						



In order for your application to be considered, the following section **MUST** be completed.

A resume may be attached but will not be acceptable in lieu of this section.

List below all present and past employment **FOR THE LAST 10 YEARS** beginning with your most recent job.

Dates Month - Year	COMPANY	POSITION HELD	
	ADDRESS	YOUR SUPERVISOR	
Start	BUSINESS	YOUR DEPARTMENT	PHONE #
End	REASON FOR LEAVING		
Total Time	YOUR DUTIES		
Dates Month - Year	COMPANY	POSITION HELD	
	ADDRESS	YOUR SUPERVISOR	
Start	BUSINESS	YOUR DEPARTMENT	PHONE #
End	REASON FOR LEAVING		
Total Time	YOUR DUTIES		
Dates Month - Year	COMPANY	POSITION HELD	
	ADDRESS	YOUR SUPERVISOR	
Start	BUSINESS	YOUR DEPARTMENT	PHONE #
End	REASON FOR LEAVING		
Total Time	YOUR DUTIES		
Dates Month - Year	COMPANY	POSITION HELD	
	ADDRESS	YOUR SUPERVISOR	
Start	BUSINESS	YOUR DEPARTMENT	PHONE #
End	REASON FOR LEAVING		
Total Time	YOUR DUTIES		

May we contact the employers listed? Yes No If not, which one(s) may we contact?

\_\_\_\_\_

\_\_\_\_\_

Have you every been discharged or forced to resign? Yes No If yes, describe:

\_\_\_\_\_

\_\_\_\_\_

I HEREBY CERTIFY THAT MY ANSWERS TO THE QUESTIONS IN THIS APPLICATION ARE COMPLETE, ACCURATE AND TRUE TO THE BEST OF MY KNOWLEDGE. I AGREE AND UNDERSTAND THAT ANY OMISSION OR MISSTATEMENTS OF MATERIAL FACTS CONTAINED IN THE APPLICATION MAY CAUSE ME TO FORFEIT ALL RIGHTS OF EMPLOYMENT. I UNDERSTAND THAT THE INFORMATION PROVIDED BY ME WILL BE VERIFIED AND THAT FAILURE TO COMPLETELY ANSWER ANY QUESTION MAY RESULT IN MY NOT BEING CONSIDERED FOR EMPLOYMENT. **THE CITY OF CORNING IS AN EQUAL OPPORTUNITY PROVIDER AND EMPLOYER.**

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_