

**City of Sonoma
Employment
Application**

Date Received by City:

*City of Sonoma
Personnel Department
#1 The Plaza
Sonoma, CA 95476
707-938-3681*

Information and instructions for applicants

- a. Answer all questions completely and accurately. d. **All sections of this application must be complete, resumes may be included in addition to the application.**
 b. Print or type all answers.
 c. If you move, notify the City immediately.

POSITION APPLIED FOR:	How did you hear about this job opening? Job Flyer: <input type="checkbox"/> Trade Publication: <input type="checkbox"/> Web Site: <input type="checkbox"/> Newspaper Ad: <input type="checkbox"/> Other: _____
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NAME - LAST	FIRST	MIDDLE INITIAL
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MAILING ADDRESS	City	State	Zip	PHONE # Day: () Evening: ()
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HOME ADDRESS IF DIFFERENT	City	State	Zip	HOW LONG THERE?
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PREVIOUS ADDRESS	City	State	Zip	HOW LONG THERE?
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SOCIAL SECURITY # _____	DRIVERS' LICENSE # _____
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DO YOU HAVE A LEGAL RIGHT TO WORK IN THE UNITED STATES? Yes: No:

Do you have a high school diploma, GED, or California High School Proficiency Certificate? YES NO

Names of Colleges/Universities attended	Type of Degree

Other licenses, certificates and training	Name and location of institution	Length of course

List any computer programs you use and your level of proficiency:

THIS SECTION MUST BE FILLED OUT

EMPLOYMENT HISTORY

List your work record for the last 10 years. Begin with your most recent experience. Include self-employment and U.S. Military service. Describe the work you did as completely as possible. List each promotion separately. Explain any gaps between employment periods. If more space is needed, use a separate sheet prepared in the same form and attach securely.

From: _____ Month Year	To: _____ Month Year	Title of Position:
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Name and Address of Employer Name: _____ Address: _____ City State Zip	Name and Phone Number of Supervisor Name: _____ Phone Number: ()
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Number of Employees Supervised: _____	Hours Per Week: _____
Reason for Leaving: _____	
Description of Job Duties: _____	

From: _____ Month Year	To: _____ Month Year	Title of Position:
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Name and Address of Employer Name: _____ Address: _____ City State Zip	Name and Phone Number of Supervisor Name: _____ Phone Number: ()
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Number of Employees Supervised: _____	Hours Per Week: _____
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Number of Employees Supervised: _____	Hours Per Week: _____
Reason for Leaving: _____	
Description of Job Duties: _____	

Were you ever discharged or forced to resign from any position? YES <input type="checkbox"/> NO <input type="checkbox"/>
May we contact your present and past employers for reference? YES <input type="checkbox"/> NO <input type="checkbox"/>

I hereby certify that all statements made in this application are true and complete to the best of my knowledge and belief. I understand that misstatements or omissions of material facts herein may forfeit my rights to any employment in the service of the City of Sonoma. I authorize the City of Sonoma to investigate my qualifications, employment record or character through inquiries to any source mentioned in this application.

Signature: _____ Date: _____