

Please list job related organizations, clubs, professional societies, or other associations to which you belong - you may omit those that indicate your race, religious creed, national origin, ancestry, sex or age.

Are you eligible for employment in the U. S. A.? Yes No
 Do you have any relatives working for the city? Yes No
 Do you possess a valid California Driver's License? Yes No

FORMER POSITIONS

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.

From	Total	Title Duties	Employer Address City/State Supervisor's Name: Telephone Number: Reason for Leaving:
Mo-Day-Yr To	Yrs		
Mo-Day-Yr	Mos		
Last Salary \$			
From	Total	Title Duties	Employer Address City/State Supervisor's Name: Telephone Number: Reason for Leaving:
Mo-Day-Yr To	Yrs		
Mo-Day-Yr	Mos		
Last Salary \$			
From	Total	Title Duties	Employer Address City/State Supervisor's Name: Telephone Number: Reason for Leaving:
Mo-Day-Yr To	Yrs		
Mo-Day-Yr	Mos		
Last Salary \$			
From	Total	Title Duties	Employer Address City/State Supervisor's Name: Telephone Number: Reason for Leaving:
Mo-Day-Yr To	Yrs		
Mo-Day-Yr	Mos		
Last Salary \$			

PERSONAL REFERENCES

List names of persons willing to provide professional and/or character references for you.

Name	Business	Phone Number	Years Acquainted
1. _____			
2. _____			
3. _____			

Were you ever discharged or forced to resign from a previous position? Yes No

I CERTIFY that the statements made by me in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith. I understand and agree that misstatements or omission of material facts herein may result in disqualification for or dismissal from City employment. You are hereby authorized to make any investigation of my prior education and work history.

_____ Date

_____ Applicant's Signature

The City of Anderson is an equal employment opportunity employer and does not discriminate with regard to race, age, color, sex, religion, national origin or disability. The City of Anderson will make reasonable accommodations upon request to applicants with disabilities.

PLEASE COMPLETE THE FOLLOWING:

How did you find out about this job? (Check one or more.)

1. Newspaper or Magazine advertisement (Specify which) _____
2. A job announcement posted at (Specify where) _____
3. A Notification card filed with the Personnel Department
4. Other (Specify) _____

The following information is requested by the Federal Government in order to monitor compliance with Federal laws prohibiting discrimination against applicants seeking to participate in the program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. This form will be detached and will be kept separate and confidential.

Do you have a disability? Yes _____ No _____

<input type="checkbox"/> Hearing	<input type="checkbox"/> Vision Impairment
<input type="checkbox"/> Speech	<input type="checkbox"/> Mobility
<input type="checkbox"/> Mental	<input type="checkbox"/> Learning
<input type="checkbox"/> Other _____	

Sex: Male _____ Female _____

Age: 17 & under _____ 18-39 _____
40-65 _____ Over 65 _____

Please make one selection for each category.

Ethnicity Category: <input type="checkbox"/> Hispanic or Latino	Race Category: <input type="checkbox"/> American Indian or Alaska Native
<input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> Asian
	<input type="checkbox"/> Black
	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
	<input type="checkbox"/> White

This is an Equal Opportunity Program. Discrimination is prohibited by Federal law. Complaints of discrimination may be filed with the Secretary of Agriculture, Washington, D.C. 20250.

Applicant's Signature