TOWN OF WINDSOR

Human Resources Division
9291 Old Redwood Highway
P.O. Box 100
Windsor, CA. 95492-0100
Phone (707) 838-5362 Fax (707) 838-5981

APPLICATION FOR EMPLOYMENT

POSITION TITLE: _____

Name

Last, *First* *Middle*

Address

Street *City* *State* *Zip*

Phone Numbers:

Home *Work* *Cell*

E-Mail Address: _____

Immigration Reform & Control Act: After employment offer, you will be required to submit verification of your legal right to work in the United States.

California Driver's License: If a driver's license is required to perform the job for which you are applying (see Job Announcement), do you have the necessary driver's license? Yes _____ No _____

If Yes, License # _____ Class _____ Expiration Date _____

Certification Type* _____

Certificate No.* _____ **Expiration Date** _____

* ***The certification area (above) must be completed for those positions requiring special certifications. Please be sure to attach a copy of the required certifications.***

How did you hear about this employment opportunity with the Town of Windsor: (Please check boxes that apply)

☐ Craigs List ☐ Press Democrat ☐ Town website ☐ NEOGOV ☐ Referral ☐ Jobs Available

☐ Other: _____

High School	Did you graduate? Yes _____ No _____ If No, do you have a G.E.D., High School Proficiency Certificate of Equivalent? Yes _____ No _____

EDUCATION	Name and Location of School	Type of Degree	Subjects Studied
College			
Trade, Business or Correspondence School			
Specialized or Related Training			

FORMER EMPLOYERS (List below employers during the past 10 years, beginning with the most recent.)

NAME AND ADDRESS OF EMPLOYER	
STARTING DATE MONTH YEAR	LEAVING DATE MONTH YEAR
JOB TITLE	MAY WE CONTACT SUPERVISOR?
NAME AND TITLE OF SUPERVISOR	PHONE NO.
DESCRIPTION OF WORK	
REASON FOR LEAVING	

NAME AND ADDRESS OF EMPLOYER	
STARTING DATE MONTH YEAR	LEAVING DATE MONTH YEAR
JOB TITLE	MAY WE CONTACT SUPERVISOR?
NAME AND TITLE OF SUPERVISOR	PHONE NO.
DESCRIPTION OF WORK	
REASON FOR LEAVING	

NAME AND ADDRESS OF EMPLOYER	
STARTING DATE MONTH YEAR	LEAVING DATE MONTH YEAR
JOB TITLE	MAY WE CONTACT SUPERVISOR?
NAME AND TITLE OF SUPERVISOR	PHONE NO.
DESCRIPTION OF WORK	
REASON FOR LEAVING	

FORMER EMPLOYERS Cont. (List below employers during the past 10 years, beginning with the most recent.)

NAME AND ADDRESS OF EMPLOYER					
STARTING DATE MONTH YEAR			LEAVING DATE MONTH YEAR		
JOB TITLE			MAY WE CONTACT SUPERVISOR?		
NAME AND TITLE OF SUPERVISOR			PHONE NO.		
DESCRIPTION OF WORK					
REASON FOR LEAVING					

NAME AND ADDRESS OF EMPLOYER					
STARTING DATE MONTH YEAR			LEAVING DATE MONTH YEAR		
JOB TITLE			MAY WE CONTACT SUPERVISOR?		
NAME AND TITLE OF SUPERVISOR			PHONE NO.		
DESCRIPTION OF WORK					
REASON FOR LEAVING					

NAME AND ADDRESS OF EMPLOYER					
STARTING DATE MONTH YEAR			LEAVING DATE MONTH YEAR		
JOB TITLE			MAY WE CONTACT SUPERVISOR?		
NAME AND TITLE OF SUPERVISOR			PHONE NO.		
DESCRIPTION OF WORK					
REASON FOR LEAVING					

REFERENCES:(Please provide the contact information of three professional references, not related to you and who are familiar with your work capability.)

Name	Address and Phone Number	Business	Years Acquainted
1.			
2.			
3.			

Foreign Languages	Speak	Read	Write

Do you have any relatives employed by the Town of Windsor? Yes _____ No _____

If yes, Name of Relative:_____

Relationship: _____

ACKNOWLEDGMENTS

"I acknowledge that I have viewed the job announcement for the position I am applying for and certify that I am capable of performing all essential functions of this job with or without reasonable accommodation."
"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, false statements on this application or failure to disclose material information shall be grounds for dismissal."

"I understand and agree that I may be required to take a physical examination including a drug screen as a condition of hiring or continued employment."

"I understand and agree that I may be required to submit to a fingerprint check for clearance from the Department of Justice."

"I authorize investigation of all statements contained herein and the references listed above and all information concerning my previous employment and any pertinent information previous employers may have, related to my previous job performance, and release all parties from all liability for any damages that may result from furnishing same to you."

Date:	Signature:

Please note: You may attach a resume or other relevant documents to further describe your qualifications if necessary; howver, a resume in-lieu of a completed application will not meet the requirement to submit a completed application.

TOWN OF WINDSOR

TOWN OF WINDSOR
EQUAL EMPLOYMENT OPPORTUNITY QUESTIONNAIRE

The Town of Windsor is requesting applicants for employment to complete this form in order to comply with United States Government Equal Employment Opportunity requirements.
Data collected will be used for statistical purposes and to measure effectiveness of recruitment efforts. The information that you voluntarily provide will be detached from your application and will be kept separate and confidential.

The Town of Windsor is an equal opportunity employer. If you feel you have been treated unfairly or discriminated against because of race, color, religion, national origin, sex, age, disability, or sexual orientation, please contact the Town's Human Resources Division at: (707) 838-5360.

Exact title of position you are applying for _____

Date _____

Your Gender: Male [ ] Female [ ] Are you age 40 or over? Yes [ ] No [ ]

Date of birth: Mo. ___/ Day ___/ Yr.

ETHNIC ORIGIN (Please Check One)

[ ] WHITE: All persons having origins in any of the original peoples of Europe, North Africa or Middle East.

[ ] BLACK: All persons having origins in any of the black racial groups.

[ ] HISPANIC: All persons having origins of Mexico, Puerto Rican, Cuban Central or South America or other Spanish culture or origin regardless of race.

[ ] ASIAN OR PACIFIC ISLANDER: All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, Samoa, and Philippine Islands.

[ ] AMERICAN INDIAN OR ALASKAN NATIVE: All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

[ ] OTHER