



**Human Resources Department**  
 1541 Second Street  
 Napa, CA 94559  
 (707)257-9505  
 hr@cityofnapa.org  
 www.cityofnapa.org

Position  
 Applying For: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

## Employment Application

**Instructions:** Fill out this application accurately and completely. If your application is made out improperly, it may hinder your chances of employment. All statements are subject to verification. False or incorrect statements may bar or remove you from employment.

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_ Primary Phone: \_\_\_\_\_  
Street Address Apartment/Unit #  
 \_\_\_\_\_  
City, State, Zip

Email: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Can you after employment submit proof of your legal right to work in the United States?	YES	NO	Were you ever discharged or forced to resign from any position?	YES	NO
Are you currently employed with the City of Napa as a full-time classified employee?	YES	NO	Have you ever worked for the City of Napa as a part-time or full-time employee?	YES	NO
Are you related to any person employed by the City of Napa?	YES	NO	If under 18, are you able to submit a Work Permit?	YES	NO

List your Driver's License number, State, and Class. \_\_\_\_\_ List any foreign languages in which you are fluent: \_\_\_\_\_

List any professional licenses or certificates: \_\_\_\_\_

### Education

High School: \_\_\_\_\_ City & State: \_\_\_\_\_  
 Check the appropriate box:  High School Diploma  GED  California High School Proficiency Certificate

College: \_\_\_\_\_ City & State: \_\_\_\_\_  
 From: \_\_\_\_\_ To: \_\_\_\_\_ Units completed: \_\_\_\_\_ Did you graduate? YES NO Area of study/major: \_\_\_\_\_

College: \_\_\_\_\_ City & State: \_\_\_\_\_  
 From: \_\_\_\_\_ To: \_\_\_\_\_ Units completed: \_\_\_\_\_ Did you graduate? YES NO Area of study/major: \_\_\_\_\_

### References

**Instructions:** Please list three professional references.

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
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### Employment History

**Instructions:** You must complete this section. You may also submit a resume, but it will not be accepted in lieu of the standard application form. Begin with your most recent experience, starting with your current job. Be sure to include all experience, regardless of dates, which demonstrates that you meet the minimum requirements as shown on the announcement for the position. Attach additional sheets if you need more space to describe duties or list former employers. Describe your duties as completely as possible. Incomplete information may cause a delay in processing your application. If you supervise(d) employees, include the number of employees you supervise(d). If you held more than one position with the same employer, list each separately. Explain any gaps between employment periods. It is the practice of the City of Napa to contact references only after communicating first with the candidate being considered for employment.

Employer: \_\_\_\_\_ Dates Employed: From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_  
Mo. Day Year Mo. Day Year

Address: \_\_\_\_\_  
Street Name City State Zip

Hours Worked \_\_\_\_\_ Number of employees supervised: \_\_\_\_\_  
 Per Week: \_\_\_\_\_ Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Duties: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Last Salary: \$ \_\_\_\_\_ Per: \_\_\_\_\_  
Circle

Employer: \_\_\_\_\_ Dates Employed: From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_  
Mo. Day Year Mo. Day Year

Address: \_\_\_\_\_  
Street Name City State Zip

Hours Worked \_\_\_\_\_ Number of employees supervised: \_\_\_\_\_  
 Per Week: \_\_\_\_\_ Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Duties: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Last Salary: \$ \_\_\_\_\_ Per: \_\_\_\_\_  
Circle

Employer: \_\_\_\_\_ Dates Employed: From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_  
Mo. Day Year Mo. Day Year

Address: \_\_\_\_\_  
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 \_\_\_\_\_  
 \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Last Salary: \$ \_\_\_\_\_ Per: \_\_\_\_\_  
Circle

*I understand that any omission of material fact in this application may result in refusal of, or separation from, employment. I hereby authorize the City to make any investigation on my background as deemed necessary. I authorize my former employers to provide relevant information regarding my employment. I hereby release my former employers from all damages whatsoever which may result from furnishing the information requested. I agree to be fingerprinted, and to submit to a complete medical exam, as required. I will furnish proof of meeting the conditions of employment as may be required.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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**Voluntary Equal Employment Opportunity Questionnaire**

**Instructions:** The City of Napa is an Equal Opportunity Employer. In an effort to evaluate the effectiveness of its recruiting program, the City of Napa requests that you complete this form. The City of Napa is legally allowed to gather this information for statistical purposes only and will not be used for employment decisions.

The Human Resources Department will make reasonable efforts in the examination process to accommodate disabled applicants. If you have special needs, please call (707)257-9505 or (707)257-9506 for TDD.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Position Applied for: \_\_\_\_\_ Are you:  Male  Female  Decline to answer

Are you age 40 or older?  Yes  No  Decline to answer

**Ethnic Origin** (select one):

- White  Hispanic (Mexican, Puerto Rican, Cuban, Central or South American)
- Black  American Indian or Alaskan Native
- Asian/Pacific Islander  Two or more races
- Other (if not listed above)  Decline to answer

**Recruitment Survey:** Your voluntary answers to this section will assist us in evaluating our recruitment efforts. How did you hear about this position? (Check all that apply.)

- City of Napa bulletin board
- Government Office other than City of Napa
- Minority Organization or Group (please specify)
- Internet/Website (please specify)
- Newspaper (please specify)
- Other publication (please specify)
- Professional Association (please specify)
- Friend or Word of Mouth
- City Employee
- City Website
- School (please specify)
- Walk-in
- Other (please specify)