



**City of Patterson**  
**APPLICATION FOR EMPLOYMENT**  
 PO Box 667, Patterson, CA 95363  
 www.ci.patterson.ca.us

AN EQUAL OPPORTUNITY EMPLOYER

**PLEASE READ THE FOLLOWING INSTRUCTIONS BEFORE COMPLETING:**

Review the Minimum Qualifications on the job announcement. **If applying for more than one position, a separate application is required for each position.**

The Human Resources Department must receive your complete application, together with all supplementary materials specified on the job announcement, no later than 5:00 PM on the closing date specified in the job announcement.

We cannot process the incomplete, undated, or unsigned applications. Neither can we be liable for materials lost or delayed in the US Mail.

**FILL IN ALL ITEMS IN DARK INK OR TYPE.**

**How did you learn about this vacancy?**

- Walk-in
- Referred by City Employee
- Patterson Irrigator
- Modesto Bee
- Jobs Available Newsletter
- City of Patterson Website

**Title of Position:** \_\_\_\_\_

**PERSONAL INFORMATION**

Name: \_\_\_\_\_  
Last First Middle

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

Home Phone : (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Cell Phone:(\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Driver's License: Class:\_\_\_\_ Number:\_\_\_\_\_ State:\_\_\_\_\_ Expiration Date:\_\_\_\_\_

Are you at least 18 years of age? \_\_\_\_\_ May we contact your current employer? \_\_\_\_\_

May we contact your previous employer(s)? \_\_\_\_\_

**EMPLOYMENT INFORMATION**

Have you ever been asked to resign, in lieu of termination? \_\_\_\_ Yes \_\_\_\_ No  
 If yes, why? \_\_\_\_\_

Have you ever worked or do you currently work for the City of Patterson? \_\_\_\_ Yes \_\_\_\_ No  
 If yes, please list employment dates: \_\_\_\_\_ to \_\_\_\_\_.

\*Do you have any relatives employed at the City of Patterson? \_\_\_\_ Yes \_\_\_\_ No  
 If yes, give name(s) and relationship: \_\_\_\_\_

\*The City of Patterson may refuse to hire a relative of present employees due to a potential problem in supervision, security, safety, morale and conflict of interest.

**EDUCATION, SKILLS, AND TRAINING**

Name of High School: \_\_\_\_\_ City/State/Country: \_\_\_\_\_ Graduate: \_\_\_\_ Yes \_\_\_\_ No Equivalency Certification (GED) \_\_\_\_ Yes \_\_\_\_ No

College or University	City and State	Major	Total Units Earned		Degree(s)
			Semester	Quarter	

Other valid licenses and/or certificates you hold that relate to your qualifications for this position:			
Certificate or License	Issuing State	Registration Number	Expiration Date

**EXPERIENCE**

- You must list the last ten (10) years of work experience, unless total work history is less than ten (10) years.
- Resumes will not be accepted in place of a completed application.
- Complete all questions and respond to all requirements listed in the job announcement.
- Describe different positions held with the same employer in different blocks.
- List your most recent experience first and attach additional sheets in necessary.
- List relevant volunteer experience.
- Explain any gaps between employment periods. You may also attach a resume or other relevant documents to further describe your qualifications.

From: ____ To: ____ Total: ____ <span style="margin-left: 100px;">Yrs</span> <span style="margin-left: 100px;">Mos</span>	Title of Your Position:	Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/>
Employer:	Duties of Your Position:	
Address:		
City, State, Zip:		
Supervisor's Name & Title:		
Telephone: (    )	Reason for leaving:	Salary: \$ ____ per ____.

From: ____ To: ____ Total: ____ <span style="margin-left: 100px;">Yrs</span> <span style="margin-left: 100px;">Mos</span>	Title of Your Position:	Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/>
Employer:	Duties of Your Position:	
Address:		
City, State, Zip:		
Supervisor's Name & Title:		
Telephone: (    )	Reason for leaving:	Salary: \$ ____ per ____.

From: ____ To: ____ Total: ____ <span style="margin-left: 100px;">Yrs</span> <span style="margin-left: 100px;">Mos</span>	Title of Your Position:	Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/>
Employer:	Duties of Your Position:	
Address:		
City, State, Zip:		
Supervisor's Name & Title:		
Telephone: (    )	Reason for leaving:	Salary: \$ ____ per ____.

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Employer:	Duties of Your Position:	

Address:		
City, State, Zip:		
Supervisor's Name & Title:		
Telephone: (    )	Reason for leaving:	Salary: \$_____per ____.
<b>CERTIFICATE OF APPLICANT</b>		

I certify that all of the statements made on this application are true, complete and correct to the best of my knowledge and belief and are made in good faith. I understand that any false or omitted information, which I may or may not give, may result in either denial of employment or termination, if hired. I authorize the City of Patterson to investigate all statements on this application, including work references.

I acknowledge that employment is conditional upon successful completion of a physical examination and/or drug screening test, and a background check as part of the City's pre-employment policy.

I certify that I have read, understand, and agree to the above.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

It is the City's policy, as a part of the selection process, to contact your former employers for employment-related reference information. If you refuse to authorize us to contact all but your present employer, you will be disqualified from consideration for the position. Employers will be contacted only if you have met all other qualifications and you are actually being considered for employment.

I HEREBY AUTHORIZE MY FORMER EMPLOYERS TO RELEASE EMPLOYMENT-RELATED INFORMATION TO THE CITY OF PATTERSON.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date