



*If this position requires typing skills*, please indicate speed: \_\_\_\_\_ WPM (typing certificate may be required)

**Computer Skills: List programs in which you are proficient**

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**Subjects of Special Study, Training, or Research**

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**ACTIVITIES** (Civic, Athletic, Etc) Exclude organizations, the name or character of which indicates the race, creed, sex, marital status, age, color, or national origin of it's members.

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**FORMER EMPLOYERS** List all periods of employment and unemployment starting with the most recent and working back. Start with present employment, including employment with the City. Indicate any discharge or forced resignation. List periods of U.S. Military Service and previous service with the City of Mt. Shasta regardless of when they occurred. List separately different positions with the same employer. Give complete information. A RESUME DOES NOT SUBSTITUTE FOR THIS SECTION. If you need additional space you can attach an additional page.

Employer Name/Address		Duties of Position			
From	To	Title	# hrs worked per week	# employees supervised	
Name/Title of Supervisor				Salary \$	
Reason for leaving				<input type="checkbox"/> Hour <input type="checkbox"/> Month <input type="checkbox"/> Week	
? Currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, may we contact present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, phone #:					

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Reason for leaving			<input type="checkbox"/> Hour <input type="checkbox"/> Month <input type="checkbox"/> Week	

**REFERENCES**

Give the names and contact information of three persons not related to you, whom you have known at least one year.

Name	Address	Relationship	Years Known	Phone Number

**Conditions of Employment**

Before date of hire, applicant may be required to pass a physical examination and will be required to submit proof of U.S. Citizenship or legal right to remain and work in the U.S., submit proof of age, and be fingerprinted.

Please insert any additional information in your application which you feel will help us in our evaluation of your qualifications. Before you submit your application to the Human Resources Department, recheck your application to make sure that it is correct and complete. Thank you for your interest in employment with the City of Mt. Shasta.

**By signing, I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal.**

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_