

EMPLOYMENT HISTORY (CONTINUED)

EMPLOYER		START DATE	STARTING SALARY \$ _____/Yr.
STREET ADDRESS		END DATE	ENDING SALARY \$ _____/Yr.
CITY, STATE, ZIP CODE	SUPERVISOR NAME & TITLE		TELEPHONE NUMBER
POSITION HELD			HOURS WORKED/WEEK
FULL DESCRIPTION OF JOB DUTIES			
REASON(S) FOR LEAVING			

EMPLOYER		START DATE	STARTING SALARY \$ _____/Yr.
STREET ADDRESS		END DATE	ENDING SALARY \$ _____/Yr.
CITY, STATE, ZIP CODE	SUPERVISOR NAME & TITLE		TELEPHONE NUMBER
POSITION HELD			HOURS WORKED/WEEK
FULL DESCRIPTION OF JOB DUTIES			
REASON(S) FOR LEAVING			

EMPLOYER		START DATE	STARTING SALARY \$ _____/Yr.
STREET ADDRESS		END DATE	ENDING SALARY \$ _____/Yr.
CITY, STATE, ZIP CODE	SUPERVISOR NAME & TITLE		TELEPHONE NUMBER
POSITION HELD			HOURS WORKED/WEEK
FULL DESCRIPTION OF JOB DUTIES			
REASON(S) FOR LEAVING			

EMPLOYMENT REFERENCES

INSTRUCTIONS: List below at least two professional references (preferably former employers or supervisors), and one personal reference. Do not list relatives, members of the Mendota City Council, Commissioners or employees.

NAME	TYPE OF REFERENCE
STREET ADDRESS	RELATIONSHIP TO YOU
CITY, STATE, ZIP CODE	TELEPHONE NUMBER
NAME	TYPE OF REFERENCE
STREET ADDRESS	RELATIONSHIP TO YOU
CITY, STATE, ZIP CODE	TELEPHONE NUMBER
NAME	TYPE OF REFERENCE
STREET ADDRESS	RELATIONSHIP TO YOU
CITY, STATE, ZIP CODE	TELEPHONE NUMBER
NAME	TYPE OF REFERENCE
STREET ADDRESS	RELATIONSHIP TO YOU
CITY, STATE, ZIP CODE	TELEPHONE NUMBER

CERTIFICATION

YOU MUST SIGN THIS APPLICATION. Read the following carefully before you sign.

I hereby certify that all statements made in this application are true and complete to the best of my belief and knowledge. I understand that all statements may be verified and that any material misstatement or omission of fact may be grounds for rejection of my application, or forfeiture of employment. I authorize the companies, agencies, schools or persons named above to give any information regarding my employment and release them from all liability for any damage for issuing this information.

I agree to accept employment, if offered, subject to satisfactory completion of a background check and six-month probationary period (one year for public safety & law enforcement positions). I understand that I may be dismissed without cause during my probationary period. I further understand and agree that this position is an at-will position of employment.

APPLICANT'S SIGNATURE	DATE
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<p>PLEASE RETURN APPLICATIONS TO:</p> <p>The City of Mendota Attention: Personnel Office 643 Quince Street Mendota, California 93640</p>	<p>For further information regarding Application Procedures, please call:</p> <p>(559)655-3291</p>
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