



City Hall
26 Corte Madera Ave
Mill Valley, CA 94941
(415)388-4033

Qualified _____
By _____

Disqualified _____
Education _____
Experience _____
Incomplete _____
Other _____

PLEASE NOTE:

1. A separate application is required for each position.
2. Use typewriter or print in ink. Incomplete or illegible applications will not be considered.
3. Keep the Personnel Office informed of any change of address.

POSITION APPLIED FOR _____ **Date** _____

PERSONAL

Full Name _____

Last First Middle

Address _____

Street City State Zip

How long at present address? _____ Home phone _____ Business phone _____

Do you have a valid driver's license (if position requires it)? Yes ___ No ___ State _____ Lic. no. _____

Have you any relatives working for the City of Mill Valley? _____ If yes, give name _____

EDUCATION

Name of school Major Degrees

High School _____

College or University _____

Trade or Business School _____

Other Special Training _____

Personal Computer software _____

Clerical Skills: Typing WPM _____ Shorthand WPM _____

Professional Licenses or Registrations _____

Do you speak any languages in addition to English? _____

EMPLOYMENT HISTORY

Starting with your present employer, please account for your past work experience. Please attach any supplemental information you think might be useful. However, be sure to fill out the application fully. **DO NOT MARK THE APPLICATION "SEE RESUME".**

Name of Employer From _____ To _____ Total months _____

Street City State Zip Phone

Supervisor name and title _____

Title of your position. Duties and responsibilities _____

Number of persons you supervised _____

Reason for leaving _____

Name of Employer From _____ To _____ Total months _____

Street City State Zip Phone

Supervisor name and title _____

Title of your position. Duties and responsibilities _____

Number of persons you supervised _____

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Name of Employer From _____ To _____ Total months _____

Street City State Zip Phone

Supervisor name and title _____

Title of your position. Duties and responsibilities _____

Number of persons you supervised _____

Reason for leaving _____

The City of Mill Valley is an Equal Opportunity Employer. The City does not discriminate on the basis of race, color, religion, sex, national origin, age, disability or genetic information.

EMPLOYMENT HISTORY (continued)

_____ From _____ To _____ Total months _____

Name of Employer

Street _____ City _____ State _____ Zip _____ Phone _____

Supervisor name and title _____

Title of your position. Duties and responsibilities _____

Number of persons you supervised _____

Reason for leaving _____

Have you ever been terminated or asked to resign from any job? Yes ___ No ___ If Yes, please explain circumstances _____

Please explain fully any gaps in your employment history _____

Have you ever used another name? Yes ___ No ___ Is any additional information relative to change of name, use of an assumed name, or nickname necessary to enable a check on your work and educational record? If yes, please explain _____

APPLICANT'S STATEMENT & AGREEMENT

If I am hired by the City of Mill Valley (City), I will comply with all the rules and regulations of the City. I understand that the City reserves the right to require me to submit to a test for the presence of drugs in my system prior to employment and at any time during my employment, to the extent permitted by law. I also understand that any offer of employment may be contingent upon my passing a physical examination test and a test for the presence of alcohol in my system, performed by a doctor selected by the City. Further, I understand that at any time after I am hired, the City may require me to submit to a physical examination and an alcohol test, to the extent permitted by law. I consent to the disclosure of the results of physical examinations and related tests to the City.

I understand that the City may contact my previous employers and I authorize those employers to disclose to the City all records and information pertinent to my employment with them. In addition to authorizing the release of any information regarding my employment, I hereby fully waive any rights or claims I have or may have against my former employers, their agents, employees, and representatives, as well as other individuals who release information to the City, and release them from any and all liability, claims, or damages that may directly or indirectly result from the use, disclosure, or release of any such information by any person or party, whether such information is favorable or unfavorable to me.

I hereby state that all the information that I provide on this application or any other documents filled out in connection with my employment, and in any interview is true and correct. I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand that if I am employed and any such information is later found to be false in any respect, I may be dismissed. I understand if selected for hire, it will be necessary for me to provide satisfactory evidence of my identity and legal authority to work in the United States, and that Federal Immigration laws require me to complete an I-9 Form in this regard.

If you have any questions regarding this statement, please ask a City representative before signing.

I hereby acknowledge that I have read the above statements and understand the same.

YOUR SIGNATURE BELOW INDICATES YOU HAVE READ, UNDERSTAND AND AGREE TO BE BOUND BY THE ABOVE STATEMENT & AGREEMENT

Signature of Applicant

Date

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