



# Town of Moraga

## Application for Employment

2100 Donald Dr.  
Moraga, CA 94556

An Equal Opportunity Employer

**PLEASE TYPE OR PRINT**

Incomplete or illegible applications will not be accepted

POSITION APPLIED FOR: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Print exact title)

NAME: \_\_\_\_\_ SOCIAL SECURITY NO.: \_\_\_\_\_  
First Last Middle

ADDRESS: \_\_\_\_\_ Home: (\_\_\_\_) \_\_\_\_\_  
Number Street City State Zip Work: (\_\_\_\_) \_\_\_\_\_

Other names you have used or are known by (maiden name, etc.) \_\_\_\_\_

NAME AND ADDRESS OF PERSON TO BE NOTIFIED IN CASE OF ACCIDENT OR EMERGENCY:

\_\_\_\_\_  
Name Address Phone

**IF NOT A CITIZEN**, do you have a work permit from the U.S. Immigration and Naturalization Service? YES ( ) NO ( ) PROOF REQUIRED

Are any relatives employed by the Town of Moraga? YES ( ) NO ( )

Will you accept temporary work? YES ( ) NO ( )

**Note to Applicants:** DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner the activities involved in the job or occupation for which you have applied? YES ( ) NO ( )

Have you ever received workers' compensation disability insurance or other benefits on account of a permanent injury or disability, which would make you incapable of performing the essential duties of the job for which you are applying? YES ( ) NO ( )

Have you ever been convicted of any crime which resulted in imprisonment, probation, or the payment of a fine or forfeiture or bail of \$50 or more (a yes answer does not automatically disqualify you)? YES ( ) NO ( ) IF YOUR ANSWER IS YES, PLEASE EXPLAIN when, where and the disposition of the case.

### SPECIAL QUALIFICATIONS

List licenses, certificates and/or registrations required for this job.

TITLE	DATE ISSUED	DATE EXPIRES	NUMBER
_____	_____	_____	_____
_____	_____	_____	_____

**OFFICE SKILLS:** Typing Speed \_\_\_\_\_ Shorthand \_\_\_\_\_ Computer \_\_\_\_\_

Do you have a valid California Driver's License? YES ( ) NO ( )

IF YES, License No. \_\_\_\_\_ Expiration Date \_\_\_\_\_

**EDUCATION & TRAINING**

Circle Highest Grade Completed: 8 9 10 11 12 G.E.D. College: 1 2 3 4 Graduate Work? Yes \_\_\_\_\_ No \_\_\_\_\_  
Colleges or Universities attended: \_\_\_\_\_ Location \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Units Completed \_\_\_\_\_ Major/Subject \_\_\_\_\_ Degree \_\_\_\_\_ Year \_\_\_\_\_

**EMPLOYMENT RECORD:** Begin with present or most recent position. List work record for past ten years, and include any other pertinent experience. Attach resume or additional sheets if necessary.

From: \_\_\_\_\_ To: \_\_\_\_\_ Total: \_\_\_\_\_ Exact Title of Position: \_\_\_\_\_  
(Month/Year) (Month/Year) (No. Months)

Name, Address and Phone Number of Employer: \_\_\_\_\_

Your Duties Were: \_\_\_\_\_

Name and Title of Supervisor: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Reason for leaving: \_\_\_\_\_ Number Supervised: \_\_\_\_\_ Salary per month: Starting \_\_\_\_\_ Final \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Total: \_\_\_\_\_ Exact Title of Position: \_\_\_\_\_  
(Month/Year) (Month/Year) (No. Months)

Name, Address and Phone Number of Employer: \_\_\_\_\_

Your Duties Were: \_\_\_\_\_

Name and Title of Supervisor: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Reason for leaving: \_\_\_\_\_ Number Supervised: \_\_\_\_\_ Salary per month: Starting \_\_\_\_\_ Final \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Total: \_\_\_\_\_ Exact Title of Position: \_\_\_\_\_  
(Month/Year) (Month/Year) (No. Months)

Name, Address and Phone Number of Employer: \_\_\_\_\_

Your Duties Were: \_\_\_\_\_

Name and Title of Supervisor: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Reason for leaving: \_\_\_\_\_ Number Supervised: \_\_\_\_\_ Salary per month: Starting \_\_\_\_\_ Final \_\_\_\_\_

May we contact your present employer as to your character, qualifications, etc.? YES ( ) NO ( )

I hereby certify that all statements made herein or otherwise by me in applying for a position of employment with the Town of Moraga are true and correct. I authorize the Town to make an investigation of any of the facts set forth in this application. I understand and agree that my misstatement or omission of material fact will cause forfeiture of my rights to employment by the Town of Moraga. I understand that employment is contingent upon my provision of written verification of my identity and legal right to work in the United States.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_