

Town of Moraga

Application for Employment

329 Rheem Blvd. Moraga, CA 94556

An Equal Opportunity Employer

PLEASE T	YPE OR PR	INT			Incom	plete or illegible	applications will no	t be accepted
POSITION A	APPLIED FOR:	(Print exact title)			I	DATE:		
NAME:	First				T4			
			Middle		Last			
ADDRESS:	Number	Street	City	State	Zip	_ Home: ()	
					-	Work: ()	
Other names	you have used	or are known by (maiden name, etc.)					
NAME AND	O ADDRESS O	F PERSON TO BI	E NOTIFIED IN CAS	E OF ACCID	ENT OR EMERG	ENCY:		
							()	
Name		A	ddress				Phone	
ARE VOU A	U.S. CITIZEN?	YES () NO	()					
			rom the U.S. Immigratio	n and Naturaliz	ation Service? VES	() NO $()$ PR	POOF REQUIRED	
			? YES() NO()		ation Service: TES	() NO() IN	COOF REQUIRED	
		k? YES() NC						
	pt temporary work	(1123)	,()					
	cants: DO NOT ARE APPLYIN		JESTION UNLESS YO	U HAVE BEEN	I INFORMED ABO	UT THE REQUIR	REMENTS OF THE	E JOB FOR
Are you capab	le of performing	in a reasonable manı	ner the activities involve	d in the job or o	ccupation for which	you have applied	YES() NO	()
			bility insurance or other b for which you are app			injury or disabilit	y, which would mak	ke you
			esulted in imprisonment, NO () IF YOUR A					
		S registrations require	5					
	TITLE		DATE ISSUED		DATE EXPIRES	_	NUMBER	
		_				_		
OFFICE SKI	LLS:	Typing Speed _		Shorthand		Computer		
Do you have a	valid California	Driver's License?	YES () NO ()					

Circle Highest Grade Completed:	8 9 10 11 12 G.E.D.	C	College: 1 2 3 4	Graduate Work?	Yes	No
Colleges or Universities attended:	Location	From	To Units Com	pleted Major/Subject	Degree	Ye
EMPLOYMENT RECOR Attach resume or additional sheets		most recent posit		or past ten years, and include		-
From: To: (Month/Year)	Total: (Month/Year)	Exa (No. Months)				
Name, Address and Phone Number	of Employer:					
Your Duties Were:						
Name and Title of Supervisor:						
Reason for leaving:			lumber Supervised:		g	Final
From: To: (Month/Year)	Total: (Month/Year)	Exa (No. Months)	ct Title of Position:			
Name, Address and Phone Number	of Employer:					
Your Duties Were:						
Name and Title of Supervisor:				Phone: ()	
Reason for leaving:		N	Sumber Supervised:	Salary per month: Startin	g	Final
From: To: (Month/Year)	Total: (Month/Year)	Exa (No. Months)	ct Title of Position:			
Name, Address and Phone Number	of Employer:					
Your Duties Were:						
Name and Title of Supervisor:				Phone: ()	

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.