



Start with your present or last job. Include any job-related military service assignments and volunteer activities. Exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer	Dates Employed		Work Performed
Address			
Telephone Number(s)			
Starting/Present Job Title			
Supervisor			

Reason For Leaving	May we Contact	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Employer	Dates Employed		Work Performed
Address			
Telephone Number(s)			
Starting/Present Job Title			
Supervisor			

Reason For Leaving	May we Contact	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Employer	Dates Employed		Work Performed
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Reason For Leaving	May we Contact	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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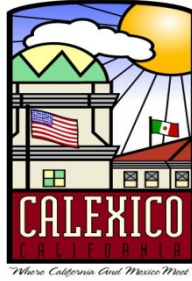
**REFERENCES** Do not include family members or past supervisors.

Name	Phone Number	Best Time To Call	Occupation
1.			
2.			
3.			

**APPLICANT'S STATEMENT**

I certify that answers given herein are true and complete.  
 I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.  
 I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledge in writing by an authorized executive of this organization.  
 In the even of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Employer.

_____ Signature of Applicant	_____ Date
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## **ATTEMPTS TO INFLUENCE CITY COUNCIL MEMBERS**

Any candidate who attempts to directly or indirectly contact member of the Calexico City Council with the intent of heavily influencing their employment decision will be disqualified from their candidacy for this position.

I have read and understood the provision of the statement provided in the preceding paragraph.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **CONSENT FOR RELEASE OF INFORMATION**

I consent to the release of information for use in determining my eligibility, qualifications, and selection consideration about my work record, job performance, character, ability and fitness by employers, schools, law enforcement agencies and other individuals and organizations to authorized employees of the City of Calexico.

I hereby release you, your organization, current or previous employers, or others from liability or damage that may result from furnishing the requested information

Signature: \_\_\_\_\_ Date: \_\_\_\_\_