

Employment Application

Please complete even if resume is attached and return to:



Larkspur
Est. 1908

City of Larkspur

400 Magnolia Avenue, Larkspur, CA 94939
Phone: (415) 927-5110 www.cityoflarkspur.org

Personal Information

Full Name _____
Last *First* *Initial*

Address _____
Street *City* *State* *Zip*

Personal Phone _____ Business Phone _____

If it is necessary to contact you, which of the above phone numbers should we call? Personal Business Either

Email address _____

Other Names You Have Used or Are Known By _____

After an employment offer, can you provide verification of your legal right to work in the United States? Yes No

Driver's license? License No. _____ State _____ Class _____ Expiration Date _____

Position

Title of position sought _____

What type of employment will you accept? Part Time Full Time Temporary

Will you accept shift, evening, or weekend work, if required? Yes No

Agreement

I hereby certify that all statements made in this application are true and I agree and understand that any misstatement or omission of material fact will cause forfeiture on my part of all rights of employment with the City of Larkspur. I authorize investigation of all matters contained in this application. If offered a position, I further agree to submit to a complete medical examination by a City physician as a condition of employment. I further agree to be fingerprinted, to sign an oath of office, and to furnish proof of age, education, and either citizenship or the legal right to work in the United States of America upon appointment.

Signature: _____ Date: _____

For Department Use Only

Approved Disapproved For: Education Experience License/Cert. Incomplete Late Met MQ – screened out

Screened by: _____ Date: _____ Comments: _____

Position Desired _____

Education

High School _____ City/State _____ Diploma? [] Yes [] No [] GED

College & Location _____ Major _____ Units Completed _____ Degree _____

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Business/Trade School or apprenticeship _____

Applicable license, certification or registration _____ Expiration Date _____

Languages, other than English, in which you are fluent _____

Experience

Employer _____ Address _____ City/State _____

Supervisor's Name _____ Phone _____ May we contact? [] Yes [] No

Last Position _____ Employed from _____ to _____ Avg. hrs/wk _____

Duties

Reason for Leaving _____

Employer _____ Address _____ City/State _____

Supervisor's Name _____ Phone _____ May we contact? [] Yes [] No

Last Position _____ Employed from _____ to _____ Avg. hrs/wk _____

Duties

Reason for Leaving _____

Employer _____ Address _____ City/State _____

Supervisor's Name _____ Phone _____ May we contact? [] Yes [] No

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Duties

Reason for Leaving _____