



**EMPLOYMENT APPLICATION**  
**CITY OF BISHOP**  
**P. O. Box 1236, Bishop, CA 93515**  
**377 West Line Street, Bishop, CA 93514**  
**City Hall 760-873-5863**

PLEASE TYPE OR PRINT

Position Title: \_\_\_\_\_ Department: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_  
 Last First Middle Area Code Area Code

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Drivers License: Class \_\_\_ Number \_\_\_\_\_ Expires \_\_\_\_\_  
 City State Zip

In Case of Emergency Notify: \_\_\_\_\_  
 Name Address City Phone No.

Highest School Grade Completed \_\_\_\_\_ Graduated: Yes No

Name of last high school attended: \_\_\_\_\_ Location: \_\_\_\_\_

Name and Location of Colleges/ Universities Attended	Major	Degree	Last Year Attended

Technical or Professional Licenses: \_\_\_\_\_

Membership in Professional/Technical Associations: \_\_\_\_\_

Are you now, or have you ever been, a member of the California Public Employees Retirement System? . . . . . Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have any relatives employed by the City of Bishop? . . . . . Yes \_\_\_\_\_ No \_\_\_\_\_

Please provide a full explanation to any "YES" responses above: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

EXPERIENCE: Begin with your PRESENT OR MOST RECENT POSITION. List all positions separately held for the last TEN years. Attach another sheet if needed. A resume may be attached provided it states *Employer, dates of employment, location, and reason for leaving*.

Dates of Employment	Occupations, Duties Number of People Supervised	Employers Names and Addresses
FROM: _____ Month      Year  TO: _____ Month      Year	YOUR TITLE: _____  YOUR DUTIES: _____  _____  _____  _____ NUMBER OF PEOPLE YOU SUPERVISED: _____	_____  _____  _____  REASON FOR LEAVING: _____  _____

Dates of Employment	Occupations, Duties Number of People Supervised	Employers Names and Addresses
FROM: _____ Month      Year  TO: _____ Month      Year	YOUR TITLE: _____  YOUR DUTIES: _____  _____  _____  _____ NUMBER OF PEOPLE YOU SUPERVISED: _____	_____  _____  _____  REASON FOR LEAVING: _____  _____

Dates of Employment	Occupations, Duties Number of People Supervised	Employers Names and Addresses
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Dates of Employment	Occupations, Duties Number of People Supervised	Employers Names and Addresses
FROM: _____ Month      Year  TO: _____ Month      Year	YOUR TITLE: _____  YOUR DUTIES: _____  _____  _____  _____ NUMBER OF PEOPLE YOU SUPERVISED: _____	_____  _____  _____  REASON FOR LEAVING: _____  _____

I CERTIFY THAT ALL STATEMENTS MADE ON THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY FALSE STATEMENTS MAY SUBJECT ME TO DISQUALIFICATION OR DISMISSAL.

\_\_\_\_\_

APPLICANT'S SIGNATURE

DATE