



**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: \_\_\_\_\_

Have you been convicted of any crime or violation of any law or statute (other than minor traffic violations) and other than convictions for which the record has been judicially sealed, expunged or statutorily eradicated, and other than misdemeanor convictions for which probation has been successfully completed or otherwise discharged and the case has been judicially dismissed. Yes \_\_\_\_\_ No \_\_\_\_\_

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, salaries 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