



Pre-Employment Drug Testing Required

APPLICATION FOR EMPLOYMENT

San Joaquin Council of Governments (SJCOG)
555 E. Weber Avenue * Stockton, CA 95202 * (209) 235-0600 * Fax (209) 235-0432

PERSONAL INFORMATION

Date: _____ Email Address: _____

Name: _____ Telephone Number: _____
(last) (first) (middle) **Okay to leave message? YES __ NO __**

Physical Address: _____
(street) (city) (state) (zip)

Mailing Address: _____
(street) (city) (state) (zip)

Do you authorize SJCOG to share your cover letter, application and resume with other Employers? **YES __ NO __**

Valid Driver's License **YES () NO ()** If yes, License # _____ Issued by the State of _____

Are you related to anyone in our employment? **YES () NO ()** If Yes, Whom/How _____

Are you over 18? **YES () NO ()**

EMPLOYMENT DESIRED

Position: _____ Date You Can Start: _____ Salary Desired: _____

Do you have any commitments (personal or with a previous employer) that might affect your employment with us? **YES () NO ()**

EDUCATION

Schools (Verification of graduation will be required prior to employment.)	Name and Location of Schools	No. Years Completed	Grade Average	Major or/ Course Work	Degree Received
High School (GED)					
College/University					
Graduate School					
Vocational/ Business School					
Other Studies					

Subjects of special study, research work, graduate assistantships, part-time, and any other notable accomplishments you feel would enhance your qualifications for this position:

U.S. Military
Dates of Duty/Discharge:

EMPLOYMENT RELATED REFERENCES

Name	Address	Telephone	Job Title	Years Known	Email Address

EMPLOYMENT HISTORY

MAY WE CONTACT THE EMPLOYERS? YES () NO ()

Current/Previous Employment (beginning with most recent):

Employer Name: Employer Email Address:				Tel. No.:	Job Title:	
City/State:				Duties:		
Employed	From:	To:	Name and Telephone Number of Supervisor			
Starting Salary:						
Ending Salary:						
Reason for Leaving:						
Employer Name: Employer Email Address:				Tel. No.:	Job Title:	
City/State:				Duties:		
Employed	From:	To:	Name and Telephone Number of Supervisor			
Starting Salary:						
Ending Salary:						
Reason for Leaving:						
Employer Name: Employer Email Address:				Tel. No.:	Job Title:	
City/State:				Duties:		
Employed	From:	To:	Name and Telephone Number of Supervisor			
Starting Salary:						
Ending Salary:						
Reason for Leaving:						
Employer Name: Employer Email Address:				Tel. No.:	Job Title:	
City/State:				Duties:		
Employed	From:	To:	Name and Telephone Number of Supervisor			
Starting Salary:						
Ending Salary:						
Reason for Leaving:						

Can you, after employment, verify your legal ability to work in the United States?

YES () NO ()

How did you hear about this position (please be specific by indicating name of website or newspaper, etc.)? _____

Referred by? _____

CERTIFICATION

I CERTIFY that all of the statements made in this statement are true, complete, and correct to the best of my knowledge and belief, and are made in good faith. I authorize persons, schools, my current employer (if applicable) and previous employers and organizations named in this application to provide any relevant information that may be required to arrive at an employment decision.

Signature: _____ Date Signed: _____

Addendum to Employment Application

IMPORTANT! READ THE MATERIAL BELOW AND REVIEW YOUR ENTIRE APPLICATION BEFORE SIGNING.

I acknowledge by my signature that I have read and understand the following:

- ! Qualification and employment considerations by the San Joaquin Council of Governments are based on the truthfulness and completeness of the statements in the employment application. Falsification or omission of information will constitute grounds for disqualification or dismissal. Upon submission, this application, addendum sheets and other required documentation to support employability become the property of the San Joaquin Council of Governments and are matters of public record subject to release to persons or agencies upon request. Presenting any false documents(s) to gain employment may be cause for ineligibility for hire or immediate dismissal.
- ! I authorize the San Joaquin Council of Governments to investigate the truthfulness of all statements made on this application and to contact my former employers and other listed references or other persons who can verify information.
- ! I give my consent for all contacted persons, including former employers, to provide information concerning this application and I release each contacted person from liability for providing such information. I waive all causes of action that I might have arising from the foregoing.
- ! I may be subject to drug testing during my employment at any time at San Joaquin Council of Government's discretion.
- ! At-Will Employment: Just as the employee is free to leave the COG's employment at any time, the COG has the right to terminate the employee at any time.
- ! I acknowledge that the APPLICATION FOR EMPLOYMENT MUST BE SIGNED in order to be processed or evaluated.

Signature _____ Date _____