



SAN JOAQUIN COUNCIL OF GOVERNMENTS

555 E. Weber Avenue · Stockton, CA 95202 · P (209) 235-0600 · www.sjcog.org

EMPLOYMENT APPLICATION

Date: _____ Email Address: _____ Are you over 18?
YES NO

Print Name: _____
(LAST) (FIRST) (MI)

Phone Number: _____ Alt. Contact Number: _____
Okay to leave a message? YES NO Okay to leave a message? YES NO

Physical Address: _____
(STREET) (CITY) (STATE) (ZIP)

Mailing Address (If different from physical address): _____
(STREET) (CITY) (STATE) (ZIP)

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

Do you have a valid Driver's License: YES NO if yes, license # _____ state of issuance: _____

Are you related to anyone in our agency? YES NO If yes, Explain (whom/how):

EMPLOYMENT DESIRED

Position Applying for: _____ Date You Can Start: _____

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

Do you have any commitments (personal or with a previous employer) that might affect your employment with us? YES NO If yes, explain:

EDUCATION

(Graduation and Degree Verification is Required)

	School Name	City, State	Years Completed	Grade Point Average	Type of Degree & Major	Degree Received?
High School (GED)						YES NO
College / University						YES NO
Graduate School						YES NO
Vocational / Business School						YES NO

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

EMPLOYMENT RELATED REFERENCES

One of the references must be a direct supervisor

(Identify your supervisor by typing his/her name in all caps)

Name	Address	Work Telephone	Job Title	Years Known	Email Address
1.					
2.					
3.					

EMPLOYMENT HISTORY

MAY WE CONTACT YOUR CURRENT / PREVIOUS EMPLOYERS?

NO

(Beginning with most recent/current Employer)

1. Employer Name: _____ Supervisor Email Address: _____ City & State: _____		Business Phone Number: _____ Job Title: _____
Name of Supervisor: _____ Direct Phone Number: _____		Duties: _____ _____ _____
Reason for Leaving: _____	Dates of Employment: _____	
FROM: Month _____ Year _____ To: Month _____ Year _____		

2. Employer Name: _____ Supervisor Email Address: _____ City & State: _____		Business Phone Number: _____ Job Title: _____
Name of Supervisor: _____ Direct Phone Number: _____		Duties: _____ _____ _____
Reason for Leaving: _____	Dates of Employment: _____	
FROM: Month _____ Year _____ To: Month _____ Year _____		

3. Employer Name: _____ Supervisor Email Address: _____ City & State: _____		Business Phone Number: _____ Job Title: _____
Name of Supervisor: _____ Direct Phone Number: _____		Duties: _____ _____ _____
Reason for Leaving: _____	Dates of Employment: _____	
FROM: Month _____ Year _____ To: Month _____ Year _____		

PRE-EMPLOYMENT DRUG TESTING REQUIRED

LEGAL WORK STATUS & CERTIFICATION

Can you verify your legal ability to work in the United States? **YES** **NO**

Referred by: _____ Phone Number: _____
Print Name

CERTIFICATION

I CERTIFY that all of statements made in this employment application 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 employment application to provide any relevant information that may be required to arrive at an employment decision.

Print Name: _____ Signature: _____ Date Signed: _____

ADDENDUM TO SAN JOAQUIN COUNCIL OF GOVERNMENTS' 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 employment application, and I release each contacted person from liability for providing such employment 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 Governments' 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 all indicated areas in the APPLICATION FOR EMPLOYMENT MUST BE SIGNED in order to process or evaluate employment application.

Print Name: _____ Signature: _____ Date Signed: _____

PRE-EMPLOYMENT DRUG TESTING REQUIRED