

The City of Clayton is currently accepting applications for Temporary Landscape Maintenance Workers. Salary \$10.00/hr, no benefits.

General duties in relation to landscaping maintenance, such as trimming, mowing, garbage pickup, planting, spraying pesticides, heavy lifting, physical manual labor and other duties as assigned.

For information and an application please call (925) 673-7300 or visit the [www.ci.clayton.ca.us](http://www.ci.clayton.ca.us) .



**EDUCATION AND TRAINING**

Circle Highest Grade Completed: 8 9 10 11 12 G.E.D.      College 1 2 3 4      Graduate Work? Yes No

Colleges or Universities attended	Location	From	To	Units Completed	Degree/Certificates	Major

Office Skills and Office Machines you can operate: \_\_\_\_\_  
\_\_\_\_\_  
Heavy Equipment and Field Tools you can operate: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Special Certificates:

<u>Title</u>	<u>Date Issued</u>	<u>Date Expires</u>	<u>Number</u>
_____	_____	_____	_____
_____	_____	_____	_____

Please list three references with phone numbers:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**EMPLOYMENT RECORD**

Begin with present or most recent position. List work record for past five years, include any other pertinent experience. This section must be completed. A resume may be attached, but does not substitute for completing this section.

<u>From: Month/Year</u> To: Month/Year	Title of Position: Last Salary/Pay Scale:
Name and address of employer:  Name of supervisor: _____ No. supervised: _____ Phone No: _____ May we contact?    _____ Yes    _____ No	Duties included:    Reason for Leaving: _____
<u>From: Month/Year</u> To: Month/Year	Title of Position: Last Salary/Pay Scale:
Name and address of employer:  Name of supervisor: _____ No. supervised: _____ Phone No: _____ May we contact?    _____ Yes    _____ No	Duties included:    Reason for Leaving: _____
<u>From: Month/Year</u> To: Month/Year	Title of Position: Last Salary/Pay Scale:
Name and address of employer:  Name of supervisor: _____ No. supervised: _____ Phone No: _____ May we contact?    _____ Yes    _____ No	Duties included:    Reason for Leaving: _____

The information in this application is correct to the best of my knowledge. I understand and agree that any intentional misstatement or omission of material fact may be cause for disqualification or termination of employment. I understand that the City of Clayton will perform a background investigation based on the information given in my application, including but not limited to criminal and driving record searches, employment and education verification, and relevant citizenship or immigration status; and that such investigations may result in disqualification from employment with the City. Except as otherwise noted, previous employers are authorized to give any and all information concerning my previous employment. I understand that if offered a position with the City of Clayton I may be required to submit to medical and/or psychological examinations, and that any offer of employment is conditioned on the results of such examinations.