

City of Ukiah
PO Box 265
Ukiah, OR 97880
5410427-3900

Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ City State ZIP Code

Phone: _____ Email _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____

PLEASE ATTACH RESUME

Send to: City of Ukiah
PO Box 265
Ukiah, OR 97880

Or
Email: cityofukiah@centurytel.net