



**CITY OF VACAVILLE
DEPARTMENT OF HUMAN RESOURCES**

**NON FULL-TIME
SUPPLEMENTAL APPLICATION FORM - REFERENCES**

This Supplemental Application Form must be completed and submitted along with a standard City of Vacaville application by the final filing date.

List three persons, not related to you, who are acquainted with your job related capabilities:

1. Name _____
Address _____
Telephone # _____ Relationship to you _____

2. Name _____
Address _____
Telephone # _____ Relationship to you _____

3. Name _____
Address _____
Telephone # _____ Relationship to you _____

With my signature below, I attest that the information provided on this supplemental application form is true to the best of my knowledge.

APPLICANT SIGNATURE

DATE