



# Employment Application

CITY OF LA PALMA

7822 Walker Street  
La Palma, CA 90623-1770

Please Type or Print

Position Applying For: \_\_\_\_\_

Are you available to work:  Full Time  Part Time  Seasonal

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Work Phone \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Cell Phone \_\_\_\_\_

Social Security # (optional) \_\_\_\_\_

California Driver's License Number \_\_\_\_\_ Class \_\_\_\_\_ Expiration Date \_\_\_\_\_

## EDUCATION

Circle Highest School Grade Completed 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16  
High School Attended \_\_\_\_\_ Location \_\_\_\_\_ Graduate or GED?  Yes  No

Name and location of college, business or trade school attended	Major/Subject or Course	Degree or Certificate

1. Job Related Technical or Professional Licenses Currently Valid:

2. Job Related Membership in Technical or Professional Associations:

3. Have you ever been employed using another name?  Yes  No

4. Have you ever been convicted of an offense, including misdemeanors or felonies, other than a minor traffic violation?  Yes  No

5. Do you have any relatives employed by the City of La Palma?  Yes  No

6. Would you mind if we contacted your present or past employer(s) for a work reference?  Yes  No

7. Have you used computers in your current or any former positions?  Yes  No

Microsoft Office Products  Yes  No Word Perfect  Yes  No

Others (please describe): \_\_\_\_\_

**If you have answered "yes" to any of the above questions, please explain in the section below.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Experience

Begin with your present or most recent position. List all positions held in the last ten (10) years, paid or unpaid, including military service and periods of unemployment. Attach additional sheets if more space is needed. Providing complete information may improve your chances of employment. Incomplete or illegible applications will not be considered. Resumes may be attached but will not be accepted in lieu of completed City application.

From Month/Year	To Month/Year	Title of Your Position			
Name and Address of Employer	Phone #	Duties Performed			
Name of Supervisor					
Reason for Leaving	No. Supervised (if any)	No. of Hours Per Week	Salary \$	<input type="checkbox"/> Hour	<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Annual
From Month/Year	To Month/Year	Title of Your Position			
Name and Address of Employer	Phone #	Duties Performed			
Name of Supervisor					
Reason for Leaving	No. Supervised (if any)	No. of Hours Per Week	Salary \$	<input type="checkbox"/> Hour	<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Annual
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Reason for Leaving	No. Supervised (if any)	No. of Hours Per Week	Salary \$	<input type="checkbox"/> Hour	<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Annual
From Month/Year	To Month/Year	Title of Your Position			
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From Month/Year	To Month/Year	Title of Your Position			
Name and Address of Employer	Phone #	Duties Performed			
Name of Supervisor					
Reason for Leaving	No. Supervised (if any)	No. of Hours Per Week	Salary \$	<input type="checkbox"/> Hour	<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Annual

**Application Certification: PLEASE READ BEFORE SIGNING.** I certify the statements made by me in this application are true, complete, and correct to the best of my knowledge and belief. I understand that statements made are subject to verification and that any misrepresentation, fraud, or omission of material facts may be grounds to deny City employment or for disciplinary action including dismissal after employment. I agree and understand that if I do not meet the announced requirements, I will be eliminated from the examination at whatever time this may be determined.

Signature of Applicant: \_\_\_\_\_

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



**SUPPLEMENTAL QUESTIONNAIRE (Optional)**

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

POSITION APPLIED FOR: \_\_\_\_\_

The information requested below will be used for statistical purposes only. This information will help the Personnel Department to evaluate City recruitment and selection processes for compliance with federal and state equal employment opportunity laws. This information is requested on a voluntary basis and will not be retained as part of your application. If you have any questions regarding this request, please contact the Administration Department. No employment decisions will be made based on the information that you provide on this form. Thank you very much for your assistance.

**GENDER CATEGORY:** MALE \_\_\_\_\_ FEMALE \_\_\_\_\_

**ETHNIC CATEGORY**

\_\_\_\_ NATIVE AMERICAN The category "Native American" includes persons who identify themselves as American Indian, or are known as such, by virtue of tribal associations, including Alaskan Native.

\_\_\_\_ ASIAN The category "Asian" includes Asian Americans and persons of Japanese, Chinese, Korean, Pacific Islanders and Vietnamese descent.

\_\_\_\_ BLACK The category "Black" includes Blacks, African-Americans, and persons of Jamaican, Trinidadian, and West Indian descents.

\_\_\_\_ FILIPINO The category "Filipino" includes all Filipino ancestry or ethnic origin.

\_\_\_\_ HISPANIC The category "Hispanic" includes Mexican, Chicano, Latino, and all persons of Puerto Rican, Cuban, Central or South American or Spanish ancestry or ethnic origin.

\_\_\_\_ WHITE The category "White" includes Caucasians, Anglo-Saxons, Europeans, and persons of Indo-European, North African or Middle Eastern Ancestry or ethnic origin.

\_\_\_\_ OTHER (Please specify) \_\_\_\_\_

**JOB INFORMATION SOURCE**

Please indicate where you learned of this job vacancy:

- \_\_\_\_ Interest Card Received / Walk-in to City Hall, Personnel Department
- \_\_\_\_ Newspaper (Please specify) \_\_\_\_\_
- \_\_\_\_ City's web site
- \_\_\_\_ Internet bulletin board (Please specify) \_\_\_\_\_
- \_\_\_\_ Job Flyer Posted at Another Agency
- \_\_\_\_ State Employment Office
- \_\_\_\_ Professional Journal or Publication (Please specify) \_\_\_\_\_
- \_\_\_\_ College Placement Service
- \_\_\_\_ Friend or Relative
- \_\_\_\_ Other (Please specify) \_\_\_\_\_

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE