

CITY OF LA VERNE

APPLICATION FOR EMPLOYMENT – Sworn

Personnel Office
 3660 D STREET • LA VERNE, CALIFORNIA 91750-3599
 AN EQUAL EMPLOYMENT OPPORTUNITY

APPLICATION FOR POSITION OF: _____

GENERAL BACKGROUND INFORMATION

NAME: _____
LAST FIRST MIDDLE

ADDRESS: _____
NUMBER AND STREET APT. NO.

_____ CITY STATE ZIP CODE

EMAIL ADDRESS: _____

HOME PHONE: _____
AREA CODE

SOCIAL SECURITY NUMBER: _____

CELL PHONE: _____
AREA CODE

DRIVER'S LICENSE NUMBER: _____ EXPIRATION DATE: _____

PLEASE LIST ANY OTHER NAMES YOU HAVE USED FOR WORK OR EDUCATION RECORDS: _____

IN AN EMERGENCY, NOTIFY: _____
NAME

_____ ADDRESS CITY STATE ZIP CODE TELEPHONE

IF "YES" TO ANY OF THE FOLLOWING QUESTIONS (A THROUGH E), PLEASE EXPLAIN UNDER "REMARKS" BELOW.

- a. HAVE YOU EVER BEEN FIRED OR FORCED TO RESIGN FROM A POSITION? YES NO
- b. DO YOU HAVE ANY PHYSICAL OR MENTAL CONDITION OR HANDICAP WHICH MAY LIMIT YOUR ABILITY TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB APPLIED FOR? IF YES WHAT CAN BE DONE TO ACCOMMODATE YOUR LIMITATION? YES NO
- c. HAVE YOU EVER BEEN CONVICTED OF A FELONY, OR A MISDEMEANOR OTHER THAN A MINOR TRAFFIC VIOLATION? IF SO, WHEN, WHERE AND DISPOSITION OF CASE? YES NO
- d. HAVE YOU EVER BEEN EMPLOYED BY THE CITY OF LA VERNE? YES NO
- e. ARE ANY OF YOUR RELATIVES EMPLOYED BY THE CITY OF LA VERNE? YES NO

A "YES" ANSWER TO ANY OF THE ABOVE QUESTIONS WILL NOT AUTOMATICALLY DISQUALIFY THIS APPLICATION FROM FURTHER CONSIDERATION. FALSE ANSWERS MAY BE CAUSE OF DISQUALIFICATION OR DISMISSAL.

REMARKS

- f. ARE YOU OVER 18 YEARS OF AGE? YES NO
- g. DO YOU SPEAK A LANGUAGE OTHER THAN ENGLISH, FLUENTLY? YES NO
 IF SO, PLEASE SPECIFY: _____
- h. WHAT WRITTEN PROOF OF LEGAL RESIDENCE CAN YOU SUBMIT TO SHOW THAT YOU ARE ENTITLED TO WORK IN THE UNITED STATES? (e.g., birth certificate, certificate of naturalization, U. S. passport, work visa, resident alien card, or social security card **PLUS** driver's license.) _____

EDUCATION

ARE YOU A HIGH SCHOOL GRADUATE? IF NOT, DO YOU POSSESS A GED OR HIGH SCHOOL EQUIVALENCY? YES NO YES NO

HIGHEST GRADE COMPLETED:

NAMES, LOCATIONS & DATES OF ALL COLLEGES AND UNIVERSITIES ATTENDED:	FULL OR PART TIME:	NO. OF UNITS EARNED:	MAJOR SUBJECT:	DEGREE OR CERTIFICATE:

EMPLOYMENT HISTORY

LIST ALL JOBS YOU HAVE HELD WITHIN THE LAST TEN YEARS. START WITH YOUR PRESENT OR MOST RECENT POSITION. IF ADDITIONAL SPACE IS NEEDED, SUBMIT AN ADDITIONAL DOCUMENT. **THIS SECTION MUST BE FULLY COMPLETED.**

FROM (MO/YR)	COMPANY NAME	PHONE
TO (MO/YR)	COMPANY ADDRESS	NAME & TITLE OF SUPERVISOR
HOURS WORKED/WEEK	SALARY OR WAGES	TITLE OF POSITION
REASON FOR LEAVING	DESCRIPTION OF DUTIES	
FROM (MO/YR)	COMPANY NAME	PHONE
TO (MO/YR)	COMPANY ADDRESS	NAME & TITLE OF SUPERVISOR
HOURS WORKED/WEEK	SALARY OR WAGES	TITLE OF POSITION
REASON FOR LEAVING	DESCRIPTION OF DUTIES	
FROM (MO/YR)	COMPANY NAME	PHONE
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HOURS WORKED/WEEK	SALARY OR WAGES	TITLE OF POSITION
REASON FOR LEAVING	DESCRIPTION OF DUTIES	
FROM (MO/YR)	COMPANY NAME	PHONE
TO (MO/YR)	COMPANY ADDRESS	NAME & TITLE OF SUPERVISOR
HOURS WORKED/WEEK	SALARY OR WAGES	TITLE OF POSITION
REASON FOR LEAVING	DESCRIPTION OF DUTIES	

REMARKS

PROVIDE THE FOLLOWING REQUESTED INFORMATION ON AT LEAST TWO RELIABLE PERSONS, OTHER THAN RELATIVES, WHO ARE SUFFICIENTLY FAMILIAR WITH YOUR QUALIFICATIONS AND CHARACTER TO FURNISH DEFINITE INFORMATION ABOUT YOU.

NAME _____ OCCUPATION _____

TELEPHONE _____ ADDRESS _____ CITY _____

NAME _____ OCCUPATION _____

TELEPHONE _____ ADDRESS _____ CITY _____

SELF-CERTIFICATION OF SKILLS

PLEASE LIST ANY EQUIPMENT, SOFTWARE, MECHANICAL AIDS (RELEVANT TO YOUR POSITION) YOU HAVE USED AND LEVEL OF PROFICIENCY (e.g. WPM): _____

CERTIFICATE OF APPLICANT

"I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION AND ATTACHMENTS ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE THE CITY OF LA VERNE TO MAKE INVESTIGATIONS AND INQUIRIES THAT ARE LIMITED TO THE REQUIREMENTS FOR THIS POSITION, OF MY EMPLOYMENT, FINANCIAL AND MEDICAL HISTORY AND OTHER RELATED MATTERS, AS THEY RELATE TO THE REQUIREMENTS OF THE POSITION FOR WHICH I AM APPLYING. IN ARRIVING AT AN EMPLOYMENT DECISION, I HEREBY RELEASE EMPLOYERS, SCHOOLS OR PERSONS FROM ANY LIABILITY IN RESPONDING TO INQUIRIES IN CONNECTION WITH MY APPLICATION. I UNDERSTAND THAT ANY FALSE OR MISLEADING INFORMATION GIVEN IN MY APPLICATION OR ANY STEP IN THE EMPLOYMENT SELECTION PROCESS WILL SUBJECT ME TO DISQUALIFICATION OR DISMISSAL. I FURTHER UNDERSTAND THAT AN APPOINTMENT TO THIS POSITION IS CONTINGENT UPON SUCCESSFUL COMPLETION OF A PHYSICAL EXAMINATION AND BACKGROUND CHECK. I UNDERSTAND ALSO THAT I AM REQUIRED TO ABIDE BY ALL RULES AND REGULATIONS OF THE CITY OF LA VERNE." I UNDERSTAND THAT IF DURING THE RECRUITMENT PROCESS ANY CHANGES OCCUR IN THE INFORMATION PROVIDED, I MUST NOTIFY THE CITY.

SIGNATURE: _____ DATE: _____

CITY OF LA VERNE

SUPPLEMENTAL EMPLOYMENT QUESTIONNAIRE

PLEASE COMPLETE THIS FORM AND SUBMIT IT WITH YOUR APPLICATION. THE FORM WILL BE DETACHED FROM YOUR APPLICATION AND KEPT SEPARATE AND CONFIDENTIAL. THE INFORMATION IS BEING GATHERED TO EVALUATE OUR RECRUITMENT EFFORTS AND WILL NOT AFFECT EMPLOYMENT IN ANY WAY. **COMPLETION OF THIS FORM IS VOLUNTARY.**

POSITION FOR WHICH APPLIED: _____

SEX: MALE FEMALE AGE: UNDER 40 40 OR OVER

CHECK ONE BOX FOR THE ETHNIC CATEGORY YOU MOST CLOSELY IDENTIFY WITH:

- WHITE (NOT OF HISPANIC ORIGIN)
- BLACK (NOT OF HISPANIC ORIGIN)
- HISPANIC
- ASIAN OR PACIFIC ISLANDERS
- AMERICAN INDIAN OR ALASKAN NATIVE

PLEASE INDICATE HOW YOU FIRST BECAME AWARE OF THIS JOB OPENING.

- NEWSPAPER (NAME) _____
- JOB ANNOUNCEMENT AT _____ OTHER _____

PRINT NAME

SIGNATURE

DATE