

# APPLICATION FOR EMPLOYMENT

## CITY OF LOS ALAMITOS

3191 Katella Avenue  
Los Alamitos, California 90720

Telephone (562) 431-3538

**Equal Opportunity Employer:** The City considers all applicants for all positions without regard to race, sex, religion, sexual orientation, national origin, ancestry, color, creed, age, marital status, disability, or any other legally protected status. At the time of hire, the documentation requirements of the immigration Reform and Control Act of 1986 must be met.

Resumes may be attached but not accepted in lieu of the employment application. Failure to complete all items on this application may result in your disqualification.

**INSTRUCTIONS:**

1. Print with black ink or use a typewriter;
2. Avoid any reference to race, color, religion, national origin, sex, or age;
3. False statements are cause for rejection of application or dismissal from position.

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

1. POSITION APPLIED FOR: \_\_\_\_\_

2. NAME: \_\_\_\_\_  
Last First Middle

3. ADDRESS: \_\_\_\_\_  
Number Street  
City State Zip Code

4. HOME PHONE ( ) \_\_\_\_\_ CELL PHONE ( ) \_\_\_\_\_

5. EMAIL ADDRESS: \_\_\_\_\_

6. DO YOU HAVE A CURRENT/VALID CALIFORNIA DRIVER'S LICENSE? YES  NO   
(NOTE: If hired, a DMV Report and proof of license may be required)

7. ARE YOU LEGALLY ELIGIBLE TO WORK IN THE UNITED STATES? YES  NO

8. WERE YOU EVER DISCHARGED OR ASKED TO RESIGN FROM ANY POSITION? YES  NO

IF YES, LIST THE CIRCUMSTANCES AND EMPLOYER ON A SEPARATE SHEET AND ATTACH.

9. HAVE YOU PREVIOUSLY BEEN EMPLOYED BY THE CITY OF LOS ALAMITOS? YES  NO

10. ARE YOU RELATED TO ANYONE WORKING FOR THE CITY OF LOS ALAMITOS? YES  NO

IF YES IN WHAT CAPACITY? \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

11. ARE YOU CAPABLE OF PERFORMING, WITH OR WITHOUT REASONABLE ACCOMMODATION, THE ACTIVITIES INVOLVED IN THE POSITION FOR WHICH YOU HAVE APPLIED? YES  NO

12. DO YOU HAVE A NEED FOR SPECIAL TESTING ACCOMMODATIONS DUE TO A DISABILITY? YES  NO

IF YES, EXPLAIN: \_\_\_\_\_

13. LIST ANY PROFESSIONAL OR TECHNICAL ORGANIZATION OF WHICH YOU ARE A MEMBER.

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

**14. LIST ANY JOB RELATED EDUCATION OR TRAINING**

| Type of School            | Name and Location | Attend From | To | Number of Units | Special Courses | Degree Diploma |
|---------------------------|-------------------|-------------|----|-----------------|-----------------|----------------|
| High School               |                   |             |    |                 |                 |                |
| College                   |                   |             |    |                 |                 |                |
| Graduate School           |                   |             |    |                 |                 |                |
| Technical or Professional |                   |             |    |                 |                 |                |
| Others – Trade/Military   |                   |             |    |                 |                 |                |

**15. EMPLOYMENT RECORD:** Provide a complete employment history beginning with your current or most recent job. If more space is needed, attach additional sheets. Include any job-related military assignments and volunteer activities. Only those jobs listed will be considered in determining your eligibility. This section must be fully completed.

| From |     | To  |     | Name of Company and Address |
|------|-----|-----|-----|-----------------------------|
| Mo.  | Yr. | Mo. | Yr. |                             |
|      |     |     |     |                             |

Job Title \_\_\_\_\_

Supervisor's Name/Title \_\_\_\_\_ May we contact? YES  NO

Description of Duties and Accomplishments \_\_\_\_\_

---



---



---

Reason for Leaving \_\_\_\_\_

| From |     | To  |     | Name of Company and Address |
|------|-----|-----|-----|-----------------------------|
| Mo.  | Yr. | Mo. | Yr. |                             |
|      |     |     |     |                             |

Job Title \_\_\_\_\_

Supervisor's Name/Title \_\_\_\_\_ May we contact? YES  NO

Description of Duties and Accomplishments \_\_\_\_\_

---



---



---

Reason for Leaving \_\_\_\_\_

**EMPLOYMENT RECORD CONTINUED:**

| From |     | To  |     | Name of Company and Address |
|------|-----|-----|-----|-----------------------------|
| Mo.  | Yr. | Mo. | Yr. |                             |
|      |     |     |     |                             |

Job Title \_\_\_\_\_

Supervisor's Name/Title \_\_\_\_\_ May we contact? YES  NO

Description of Duties and Accomplishments \_\_\_\_\_

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

Reason for Leaving \_\_\_\_\_

| From |     | To  |     | Name of Company and Address |
|------|-----|-----|-----|-----------------------------|
| Mo.  | Yr. | Mo. | Yr. |                             |
|      |     |     |     |                             |

Job Title \_\_\_\_\_

Supervisor's Name/Title \_\_\_\_\_ May we contact? YES  NO

Description of Duties and Accomplishments \_\_\_\_\_

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

Reason for Leaving \_\_\_\_\_

**16. OTHER COMMENTS ABOUT YOUR CAREER OBJECTIVES OR ABILITIES WHICH MAY PERTAIN TO THE POSITION.**

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

**APPLICANT CERTIFICATION:** All answers and statements in this application are true and complete to the best of my knowledge and belief. I understand that untruthful or misleading answers are cause for rejection of this application, removal of name from an eligible list, or dismissal from city employment. I authorize investigation of all statements in this application for employment as may be necessary in arriving at an employment decision. I understand that I may be requested to submit proof of qualifications at a later date. If upon checking these you determine that I do not meet specific requirements, I understand that I will be disqualified.

In order that the City may verify the accuracy of the information contained in my application, I hereby authorize any former employer, its employees or representatives, or any person listed as a reference to provide any and all information they deem appropriate regarding my employment and job performance, references and education or training. This information may be provided either verbally or in writing. In addition to authorizing the release of any information regarding my employment, I hereby fully waive any rights or claims I have or may have against any former employer, its employees and representatives, or any person listed as a reference, and release any former employer, its employees and representatives, former educational institution, or any person listed as a reference from any and all liability, claims, or damages that may directly or indirectly result from the use, disclosure, or release of such information by any person or party, whether such information is favorable or unfavorable to me. I am aware that fingerprinting, criminal history and driving records may be required after an offer of employment. In addition, I am aware that after an offer of employment has been extended, I may be required to submit to a medical examination that includes a drug and/or alcohol analysis. I also understand that failure to submit to or satisfactorily complete this examination may result in any offer of employment being withdrawn.

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

**ELECTION TO RECEIVE/NOT RECEIVE PUBLIC RECORDS**

**[California Civil Code section 1786.53]**

I am aware that the City of Los Alamitos may obtain public records regarding me for employment purposes, including but not limited to evaluation for employment, assignment, and/or promotion as well as conducting investigations into possible misconduct.

I acknowledge that the term public records as used herein is limited to records of: arrest, indictment, conviction, civil judicial action, tax lien, or outstanding judgment.

**Check one box only:**

- I hereby elect to receive any public records which may be obtained by the City of Los Alamitos for employment purposes under Civil Code section 1786.53.
  
- I hereby elect not to receive any public records which may be obtained by the City of Los Alamitos for employment purposes under Civil Code section 1786.53.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Signature

**This form must be completed as part of application packet**