



The City of Hawaiian Gardens
 21815 S. Pioneer Blvd. Hawaiian Gardens, CA 90716 (562) 420-2641

OFFICIAL USE ONLY

Employment Application

INSTRUCTIONS TO APPLICANT

Please read the job bulletin to determine if you meet the requirements for the position you are applying for. Print in ink or use a typewriter. Answer all questions completely and accurately. False statements are cause for rejection of the application, removal of name from eligibility or dismissal from position. All information is subject to verification, including conviction records and former employers.

Position Applied for:	Will you accept work that is: Temporary Part-Time	Date of Application:
-----------------------	---	----------------------

Describe the work for which you are best qualified by reason of knowledge, skills and abilities:

PERSONAL DATA

Last Name:	First Name:	Middle Initial:
------------	-------------	-----------------

Address:	City:	State:	Zip Code:
----------	-------	--------	-----------

Social Security Number: Required only if hired	Drivers License Number/Type:	Business Telephone:	Home Telephone:
---	------------------------------	---------------------	-----------------

In case of emergency notify:	Address	City	State	Telephone
------------------------------	---------	------	-------	-----------

Have you ever been employed by the City of Hawaiian Gardens? Yes No

Do you have any relatives employed by the City of Hawaiian Gardens? Yes No

If yes, list name(s): _____

Have you ever been convicted of a crime other than a minor traffic offense? Yes No

If yes, please explain: _____

A YES ANSWER TO ANY OF THE ABOVE QUESTIONS WILL NOT NECESSARILY DISQUALIFY YOUR APPLICATION

EDUCATION AND ACHIEVEMENT

Name of School	City, State	Major Subject	Hrs/Units Completed	Degree
High School				
College or University				

Other Education, Training, Certificates or Honors:

SPECIAL SKILLS

List machines which you have operated and other mechanical, technical, or language skills that apply to this position:	List clerical skills that apply to this position
	Operator PBX <input type="checkbox"/> Yes <input type="checkbox"/> No
	Typing WPM: _____
	Shorthand WPM: _____

EMPLOYMENT HISTORY

List all periods of employment from the last 10 years, beginning with the most recent and working back. Include any other experiences, including military, that applies to the position you are seeking. For your application to be considered, you must complete each section, even if you are attaching a resume. (Add additional sheets as necessary.)

Employed From: _____ To: _____ Mo. Yr. Mo. Yr. Employer: _____ Address: _____ Name of Supervisor: _____ Monthly Salary: \$ _____ Reason for leaving: _____	Title of Your Position: _____ Duties You Performed: _____ _____ _____ _____ _____ _____ _____ No. Supervised (if any): _____ No. of Hrs Per Week: _____
Employed From: _____ To: _____ Mo. Yr. Mo. Yr. Employer: _____ Address: _____ Name of Supervisor: _____ Monthly Salary: \$ _____ Reason for leaving: _____	Title of Your Position: _____ Duties You Performed: _____ _____ _____ _____ _____ _____ _____ No. Supervised (if any): _____ No. of Hrs Per Week: _____
Employed From: _____ To: _____ Mo. Yr. Mo. Yr. Employer: _____ Address: _____ Name of Supervisor: _____ Monthly Salary: \$ _____ Reason for leaving: _____	Title of Your Position: _____ Duties You Performed: _____ _____ _____ _____ _____ _____ _____ No. Supervised (if any): _____ No. of Hrs Per Week: _____
Employed From: _____ To: _____ Mo. Yr. Mo. Yr. Employer: _____ Address: _____ Name of Supervisor: _____ Monthly Salary: \$ _____ Reason for leaving: _____	Title of Your Position: _____ Duties You Performed: _____ _____ _____ _____ _____ _____ _____ No. Supervised (if any): _____ No. of Hrs Per Week: _____

CERTIFICATE OF APPLICANT – READ CAREFULLY

I have read and understand the information contained in this application. I certify that all statements made in this application are true and complete; that there are no misrepresentations, falsifications, or omissions of material fact and I am aware that any misstatements or omissions of material fact may cause rejection of my application, disqualification from competing for, or discharging from any employment in this jurisdiction.

SIGNATURE: _____ DATE: _____

City of Hawaiian Gardens

Survey Sheet

Please complete this form and submit it with your application. Completing this form is voluntary. If you do not complete the form, your employment opportunities will not be affected in any way. We need this survey information to determine if our employment practices adversely affect any group of people.

This Survey Sheet will be removed from your application and kept separate and confidential. This information will not be made available to anyone involved in the hiring process. No employment decision will be made based on any information you provide in this survey. Your cooperation in providing this information is sincerely appreciated.

TITLE OF POSITION APPLIED FOR:		DATE:	
ETHNIC BACKGROUND			
Please Check One			
<input type="checkbox"/> White	All person having origins in any of the original peoples of Europe, North Africa, of the Middle East.	<input type="checkbox"/> Asian or Pacific Islander	All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific. This area includes, for example, China, Japan, Korea, the Philippine Islands and Samoa.
<input type="checkbox"/> Black	All persons having origins in any of the Black racial groups of Africa.	<input type="checkbox"/> American Indian or Alaskan Native	All persons having origins in any of the original peoples of North American and who maintain cultural identification through community recognition or tribal affiliation.
<input type="checkbox"/> Hispanic	All persons of Mexican, Cuban, Puerto Rican, Central or South American, or other Spanish cultural or origin, regardless of race.	<input type="checkbox"/> Other _____	If this category is checked, indicate specific ethnic group with which you identify.
SEX		AGE	
Female <input type="checkbox"/>	Male <input type="checkbox"/>	Are you forty years of age or older? Yes <input type="checkbox"/> No <input type="checkbox"/>	
DISABILITY			
<p>A physical or mental impairment that substantially limits one or more of the major life activities such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working:</p> <p>A record of such impairment; or</p> <p>Being regarded as having such an impairment. For example, a paraplegic has difficulty in the major life activity of walking; a deaf person has difficulty in hearing, another major life activity. By contrast a person with hypertension or diabetes might not be considered to have a disability unless these impairments prevent them from working.</p>			
Do you have a physical or mental disability that falls under the definition above? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, please explain:			