



CITY OF HAWAIIAN GARDENS

21815 PIONEER BLVD
HAWAIIAN GARDENS, CA 90716-1237
(562) 420-2641

FOR OFFICE USE
ONLY

APPLICATION FOR CITY EMPLOYMENT

EMPLOYMENT APPLICATION FOR
(STATE EXACT POSITION TITLE)

Please read the job bulletin to determine if you meet the requirements for the position you are applying for. PLEASE PRINT OR TYPE CLEARLY IN INK. 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: education, certifications, and former employers.

What type of employment are you interested in?	Full-time: <input type="checkbox"/>	Part-time: <input type="checkbox"/>	Seasonal: <input type="checkbox"/>	On-Call: <input type="checkbox"/>	Open: <input type="checkbox"/>
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How did you learn of this position:	City website: <input type="checkbox"/>	College/University: <input type="checkbox"/>	Jobs Available: <input type="checkbox"/>	City Newsletter: <input type="checkbox"/>	Other: _____
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APPLICANT INFORMATION

Last Name	First	M.I.
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Have you ever been employed or enrolled in school using a name other than the one listed above?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, list name (s):
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Street Address	Apartment/Unit #
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City	State	ZIP
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Phone:	E-mail Address:
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Social Security No.	<i>Only if Hired</i>	Driver's License Number	Class Type:
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Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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Have you ever worked for the City?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?
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Are you related to anyone who works for the City?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, list name (s):
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EDUCATION

High School:	Address:
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From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Diploma/Degree	Units
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College/ University:	Address:
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From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	Units
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College/ University:	Address:
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From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	Units
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Other:	Address:
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From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	Units
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SPECIAL SKILLS/ CERTIFICATIONS

Are you fluent in a language other than English: YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, list language (s):
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List machines which you have operated and other mechanical or technical skills that apply to this position:

List clerical skills that apply to this position:

Typing 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 volunteering, internships, military, etc. , 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).

Company				Phone			
Address				Supervisor			
Job Title			Starting Salary	\$			Ending Salary \$
Responsibilities							
From		To		Reason for Leaving			
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	No. of Hours Per Week:	

Company				Phone			
Address				Supervisor			
Job Title			Starting Salary	\$			Ending Salary \$
Responsibilities							
From		To		Reason for Leaving			
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	No. of Hours Per Week:	

Company				Phone			
Address				Supervisor			
Job Title			Starting Salary	\$			Ending Salary \$
Responsibilities							
From		To		Reason for Leaving			
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	No. of Hours Per Week:	

Company				Phone			
Address				Supervisor			
Job Title			Starting Salary	\$			Ending Salary \$
Responsibilities							
From		To		Reason for Leaving			
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	No. of Hours Per Week:	

DISCLAIMER AND SIGNATURE

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 or information 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 with the City. I understand that all offers of employment are conditioned on my completion of a background and criminal history check and a post-offer medical examination, including a drug and alcohol screen, if applicable.

I AUTHORIZE RELEASE OF ANY PRIOR EMPLOYMENT INFORMATION OR RECORDS TO VERIFY STATEMENTS MADE ON THIS APPLICATION AND RELEASE FROM LIABILITY ANY PERSONS OR ORGANIZATIONS FURNISHING INFORMATION.

Signature				Date			
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CITY OF HAWAIIAN GARDENS

APPLICANT SURVEY FORM

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 IS NOT PART OF THE EXAMINATION PROCESS. This form will be removed from your application package and used for statistical reporting purposes only. 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.

Name:			Date:		
Position Title Applied for:					
Sex:	Female <input type="checkbox"/>	Male <input type="checkbox"/>	Are you forty years of age or older?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
ETHNIC BACKGROUND <i>(Please check one)</i>					
White <input type="checkbox"/>		All person having origins in any of the original peoples of Europe, North Africa, of the Middle East.			
Black <input type="checkbox"/>		All persons having origins in any of the Black racial groups of Africa			
Hispanic <input type="checkbox"/>		All persons of Mexican, Cuban, Puerto Rican, Central or South American, or other Spanish cultural or origin, regardless of race			
Asian or Pacific Islander <input type="checkbox"/>		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.			
American Indian or Alaskan Native <input type="checkbox"/>		All persons having origins in any of the original peoples of North American and who maintain cultural identification through community recognition or tribal affiliation			
Other (specify) <input type="checkbox"/>		If this category is checked, indicate specific ethnic group with which you identify.			
DISABILITY <i>(Please check one)</i>					
Do you have 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?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have a record of such impairment; or being regarded as having such an impairment? <i>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.</i>				Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please explain:					