

CITY OF ROSEMEAD

APPLICATION FOR EMPLOYMENT

POSITION FOR WHICH YOU ARE APPLYING:

8838 EAST VALLEY BOULEVARD
ROSEMEAD, CA 91770
(626) 569-2165
WWW.CITYOFROSEMEAD.ORG

(ONLY ONE APPLICATION PER POSITION WILL BE ACCEPTED)

APPLICATION INSTRUCTIONS

PLEASE READ THE JOB ANNOUNCEMENT CAREFULLY TO DETERMINE IF YOU MEET THE NECESSARY QUALIFICATIONS AND REQUIREMENTS FOR THE POSITION. YOU WILL ONLY BE CONSIDERED FOR EMPLOYMENT IF THIS APPLICATION IS COMPLETED IN ITS ENTIRETY. PLEASE PRINT **LEGIBLY USING BLUE OR BLACK INK**. ANSWER ALL QUESTIONS ACCURATELY AND COMPLETELY. ALL STATEMENTS IN YOUR APPLICATION ARE SUBJECT TO VERIFICATION. ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION MAY BAR OR REMOVE YOU FROM ELIGIBILITY FOR EMPLOYMENT WITH THE CITY. READ THE **CERTIFICATION OF EMPLOYMENT APPLICATION** CAREFULLY BEFORE SIGNING.

PERSONAL DATA

LEGAL NAME (LAST, FIRST, MIDDLE NAME)		LAST 4-DIGITS OF SOCIAL SECURITY # XXX-XX-	
HOME ADDRESS (NUMBER AND STREET)		APARTMENT #	
CITY, STATE, ZIP CODE			
E-MAIL ADDRESS	(AREA CODE) HOME TELEPHONE	(AREA CODE) CELLULAR TELEPHONE	
DO YOU HAVE A VALID DRIVER'S LICENSE <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU RELATED TO ANY CITY EMPLOYEE? NAME OF RELATIVE:	<input type="checkbox"/> YES <input type="checkbox"/> NO	RELATIONSHIP:
ARE YOU CURRENTLY OR HAVE BEEN EMPLOYED BY THE CITY? <input type="checkbox"/> YES <input type="checkbox"/> NO POSITION TITLE:			
CAN YOU, AFTER EMPLOYMENT, SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO (YOU WILL BE REQUIRED TO SUBMIT VERIFICATION OF THE LEGAL RIGHT TO WORK IN THE UNITED STATES WITHIN 3 BUSINESS DAYS BEGINNING WITH YOUR FIRST DAY OF WORK. IN ACCORDANCE WITH THE IMMIGRATION REFORM AND CONTROL ACT OF 1986, THE CITY IS LEGALLY PROHIBITED FROM EMPLOYING ANYONE WHO CANNOT PROVIDE SUCH VERIFICATION.)			

EDUCATION AND TRAINING

CIRCLE HIGHEST GRADE COMPLETED 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 More		CHECK HIGHEST DEGREE COMPLETED <input type="checkbox"/> HIGH SCHOOL/GED <input type="checkbox"/> BACHELOR'S DEGREE <input type="checkbox"/> PH.D. <input type="checkbox"/> ASSOCIATE DEGREE <input type="checkbox"/> MASTER'S DEGREE		
NAME AND LOCATION OF SCHOOLS ATTENDED (LIST FROM MOST RECENT TO HIGH SCHOOL)	DATES ATTENDED	MAJOR	TYPE OF DEGREE	DEGREE AWARDED (YES / NO)
	/			
	/			
	/			
	/			
LIST ANY PROFESSIONAL LICENSE, CERTIFICATE OR CREDENTIAL AND INCLUDE THE TYPE, ISSUE DATE, AND EXPIRATION DATE.				
PLEASE LIST ANY PERTINENT SKILLS YOU HAVE, SUCH AS FOREIGN LANGUAGE(S), COMPUTER, OR MACHINE/EQUIPMENT OPERATIONS THAT MAY QUALIFY YOU FOR THE POSITION.				

EMPLOYMENT HISTORY

BEGIN WITH YOUR MOST RECENT EMPLOYMENT – LIST EACH EMPLOYMENT SEPARATELY. **PLEASE LIST ALL OF YOUR EMPLOYMENT HISTORY REGARDLESS OF DURATION** FOR THE PAST 10 YEARS, INCLUDING PART-TIME JOBS, MILITARY SERVICE, AND ANY PERIODS OF UNEMPLOYMENT. BE SURE TO INCLUDE ANY INTERNSHIP (PAID OR UNPAID) AND VOLUNTEER EXPERIENCE WHICH RELATES TO THE POSITION FOR WHICH YOU ARE APPLYING. IF YOU HAVE NO WORK EXPERIENCE, INDICATE **NONE**. **USE ADDITIONAL SHEETS IF NECESSARY.**

POSITION TITLE:	<input type="checkbox"/> CURRENT EMPLOYMENT	FROM (MONTH / YEAR):
DUTIES PERFORMED:	EMPLOYER NAME: _____	TO (MONTH / YEAR):
	EMPLOYER ADDRESS: _____ _____	TOTAL TIME (IN MONTHS):
	NAME / TITLE OF SUPERVISOR: _____	NO. SUPERVISED:
	SUPERVISOR TELEPHONE: _____	REASON FOR LEAVING:
SALARY: \$ _____ PER <input type="checkbox"/> HOUR <input type="checkbox"/> WEEK <input type="checkbox"/> MONTH	HOURS WORKED PER WEEK: _____	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> SEASONAL <input type="checkbox"/> TEMPORARY
POSITION TITLE:	<input type="checkbox"/> CURRENT EMPLOYMENT	FROM (MONTH / YEAR):
DUTIES PERFORMED:	EMPLOYER NAME: _____	TO (MONTH / YEAR):
	EMPLOYER ADDRESS: _____ _____	TOTAL TIME (IN MONTHS):
	NAME / TITLE OF SUPERVISOR: _____	NO. SUPERVISED:
	SUPERVISOR TELEPHONE: _____	REASON FOR LEAVING:
SALARY: \$ _____ PER <input type="checkbox"/> HOUR <input type="checkbox"/> WEEK <input type="checkbox"/> MONTH	HOURS WORKED PER WEEK: _____	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> SEASONAL <input type="checkbox"/> TEMPORARY
		MAY WE CONTACT YOUR CURRENT/FORMER EMPLOYER: <input type="checkbox"/> YES <input type="checkbox"/> NO

EMPLOYMENT HISTORY

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POSITION TITLE: <hr/> DUTIES PERFORMED: 	<input type="checkbox"/> CURRENT EMPLOYMENT EMPLOYER NAME: <hr/> EMPLOYER ADDRESS: <hr/> <hr/> NAME / TITLE OF SUPERVISOR: <hr/> <hr/> SUPERVISOR TELEPHONE: <hr/>	FROM (MONTH / YEAR): TO (MONTH / YEAR): TOTAL TIME (IN MONTHS): NO. SUPERVISED: REASON FOR LEAVING: 	
SALARY: \$ _____ PER <input type="checkbox"/> HOUR <input type="checkbox"/> WEEK <input type="checkbox"/> MONTH	HOURS WORKED PER WEEK: _____	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> SEASONAL <input type="checkbox"/> TEMPORARY	MAY WE CONTACT YOUR CURRENT/FORMER EMPLOYER: <input type="checkbox"/> YES <input type="checkbox"/> NO
POSITION TITLE: <hr/> DUTIES PERFORMED: 	<input type="checkbox"/> CURRENT EMPLOYMENT EMPLOYER NAME: <hr/> EMPLOYER ADDRESS: <hr/> <hr/> NAME / TITLE OF SUPERVISOR: <hr/> <hr/> SUPERVISOR TELEPHONE: <hr/>	FROM (MONTH / YEAR): TO (MONTH / YEAR): TOTAL TIME (IN MONTHS): NO. SUPERVISED: REASON FOR LEAVING: 	
SALARY: \$ _____ PER <input type="checkbox"/> HOUR <input type="checkbox"/> WEEK <input type="checkbox"/> MONTH	HOURS WORKED PER WEEK: _____	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> SEASONAL <input type="checkbox"/> TEMPORARY	MAY WE CONTACT YOUR CURRENT/FORMER EMPLOYER: <input type="checkbox"/> YES <input type="checkbox"/> NO

CERTIFICATION OF EMPLOYMENT APPLICATION

(Please read before signing. If not signed, this employment application will be rejected.)

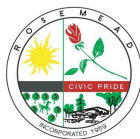
I certify under penalty of perjury that the information I entered on this employment application are true and complete to the best of my knowledge.

I understand that the City of Rosemead may reject my employment application if it discovers any false, incomplete, or misleading information it shall be sufficient cause for disqualification from the recruitment process or dismissal from employment with the City of Rosemead and any other penalties that may be prescribed by law.

Print Name: _____

Signature: _____ Date: _____

“THE CITY OF ROSEMEAD IS AN EQUAL EMPLOYMENT OPPORTUNITY / AFFIRMATIVE EMPLOYER AND COMPLIES WITH TITLE VII OF THE CIVIL RIGHTS ACT AS AMENDED AND ALL OTHER APPLICABLE STATE AND FEDERAL LAWS PROHIBITING DISCRIMINATION. IT IS THE CITY’S POLICY TO MAKE EMPLOYMENT DECISIONS WITHOUT REGARD TO RACE, RELIGION, SEX (INCLUDING GENDER, GENDER IDENTITY, GENDER EXPRESSION, AND PREGNANCY), NATIONAL ORIGIN, ANCESTRY, DISABILITY, MEDICAL CONDITION, GENETIC CHARACTERISTICS OR INFORMATION, MARITAL STATUS, AGE, SEXUAL ORIENTATION (INCLUDING HOMOSEXUALITY, BISEXUALITY, OR HETEROSEXUALITY), OR ANY OTHER LEGALLY PROTECTED STATUS, OR ASSOCIATION WITH INDIVIDUALS WITH THESE CHARACTERISTICS, EXCEPT WHERE SUCH QUALIFICATIONS ARE BONA-FIDE OCCUPATIONAL QUALIFICATIONS.”



CITY OF ROSEMEAD
APPLICATION FOR EMPLOYMENT - VOLUNTARY

EQUAL EMPLOYMENT OPPORTUNITY QUESTIONNAIRE

TO COMPLY WITH FEDERAL EQUAL EMPLOYMENT OPPORTUNITY GUIDELINES, THE CITY OF ROSEMEAD REQUESTS THAT ALL APPLICANTS FOR EMPLOYMENT **VOLUNTARILY SUPPLY THE FOLLOWING INFORMATION** WHICH WILL BE KEPT CONFIDENTIAL AND WILL HAVE ABSOLUTELY NO BEARING ON THE HIRING PROCESS. THE DATA COLLECTED WILL ONLY BE USED FOR STATISTICAL PURPOSES AND TO MEASURE THE EFFECTIVENESS OF RECRUITMENT EFFORTS.

NAME (OPTIONAL): _____

EXACT TITLE OF THE POSITION YOU ARE APPLYING FOR: _____

DATE: _____ GENDER: FEMALE MALE

ARE YOU AGE 40 OR OVER: YES NO ARE YOU MENTALLY OR PHYSICALLY HANDICAPPED: YES NO

IN THE FOLLOWING SECTION, PLEASE CHECK ONE BOX ONLY FOR THE PREDOMINANT (70% OR MORE) RACIAL / ETHNIC CATEGORY WITH WHICH YOU MOST CLOSELY IDENTIFY.

- WHITE
- BLACK
- HISPANIC
- ASIAN OR PACIFIC ISLANDER
- AMERICAN INDIAN OR ALASKAN NATIVE
- OTHER. PLEASE SPECIFY GROUP: _____

TO ASSIST US IN OUR OUTREACH AND RECRUITMENT EFFORTS, PLEASE INDICATE IN THE FOLLOWING SECTION HOW YOU LEARNED ABOUT THIS JOB OPENING.

- CITY OF ROSEMEAD'S WEBSITE
- FRIEND / RELATIVE / EMPLOYEE
- WALK-IN
- NEWSPAPER ADVERTISEMENT (PLEASE SPECIFY NEWSPAPER): _____
- PROFESSIONAL JOURNAL (PLEASE SPECIFY JOURNAL): _____
- OTHER GOVERNMENTAL AGENCY (PLEASE SPECIFY WHAT AGENCY): _____
- OTHER WEBSITE (PLEASE SPECIFY WHICH WEBSITE): _____
- OTHER (PLEASE SPECIFY): _____