

APPLICATION FOR EMPLOYMENT

CITY OF LAGUNA BEACH

AN EQUAL OPPORTUNITY EMPLOYER

No changes, additions or deletions may be made to this form without the express knowledge and permission of the Personnel Department.



Personnel Division
505 Forest Avenue
Laguna Beach, CA 92651
(949) 497-0312 Job Line (949) 497-0730
Rev. 06/04

NOTICE TO APPLICANT: An application form is the basis of a selection procedure which may include any technique which fairly measures the job-related qualifications of applicants. All applications must be filled out completely. Do not leave blank spaces. One application per position please. Write "N/A" if information does not apply to you. A personal resume is not required unless specified in the recruitment job flyer. **A personal resume will not be considered in lieu of a completed application. An unsigned or incomplete application may be removed from consideration.**

Position Title: _____ **Social Security #:** _____

Name: (Last, First, MI): _____ **Driver's License #:** _____

Type: Class **A** **B** **C** (Circle One) **State** _____

Address: _____
Number & Street (No P.O. Box) City State Zip

Telephone: Home () _____ Work () _____ Other () _____

Check as applicable: Have you ever applied for employment () or been previously employed () with the City of Laguna Beach? If **Yes**, previous application submitted for _____ Mth/Yr Submitted: _____

Previous City of Laguna Beach employment period(s): Mth/Yr (To/From): _____

Position(s) Held: _____ Are you related to anyone currently working for the City? () **Yes** () **No** If **Yes**, provide name(s), department(s) and relationship(s)?

Conviction of a crime is not an automatic bar to employment. Eligibility for consideration will be based on the nature of the offense and the duties and responsibilities of the job for which you are applying. Since your 18th birthday, have you ever been convicted of a felony or misdemeanor other than a minor traffic violation? Pursuant to Labor Code Sections 432.7 and 432.8, you are not required to divulge: (1) any referral to, and participation in, any pretrial or post trial diversion program or (2) conviction of certain misdemeanor marijuana offenses which are more than two years old. () **Yes** () **No** If **Yes**, please list circumstances (use a separate sheet of paper if necessary), including City/state and date(s):

Have you ever been released or discharged from employment or resigned to avoid such release or discharge? () **Yes** () **No** If **Yes**, please explain: Date(s) of discharge or resignation: _____

Reason(s) for discharge or resignation: _____

If hired, can you show proof of age? () **Yes** () **No** If under 18, can you, after employment, submit a work permit?

() **Yes** () **No** Do you have the legal right to work in the United States? () **Yes** () **No**

Check all appropriate spaces. What hours are you available to work? () **Days** () **Evenings** () **Nights**

Are you available to work: () **Weekends** () **Holidays** () **Overtime**

Education & Training (include military training) Check one: () High School Diploma () GED Certificate

Education/Training Facility _____ **Subject Studied** _____ **Units Taken** _____ **Degree Received** _____
(List Name & Location) (List major/minor, if applicable) (AA, BS, MS, PhD, etc.)

Other completed course work or special skills as related to the position for which you are applying: _____

Professional/Technical Licenses/Certificates (Mandatory only if required for the position for which you are applying): **Type of License/Certificate** _____ **Lic/Cert #** _____ **State/Organization Issued By** _____ **Expiration Date** _____

PROVIDE EMPLOYMENT HISTORY FOR THE PAST 10 YEARS. START WITH MOST CURRENT POSITION. INCLUDE RELATED VOLUNTEER EXPERIENCE.

DATES EMPLOYED: FROM: TO:		EMPLOYER:	ADDRESS:
HOURS WEEKLY	SALARY: \$ () HOUR () WEEK () MO	YOUR TITLE:	REASON FOR LEAVING:
NAME/TITLE SUPERVISOR:		DUTIES:	
PHONE/ADDRESS:			

DATES EMPLOYED: FROM: TO:		EMPLOYER:	ADDRESS:
HOURS WEEKLY	SALARY: \$ () HOUR () WEEK () MO	YOUR TITLE:	REASON FOR LEAVING:
NAME/TITLE SUPERVISOR:		DUTIES:	
PHONE/ADDRESS:			

DATES EMPLOYED: FROM: TO:		EMPLOYER:	ADDRESS:
HOURS WEEKLY	SALARY: \$ () HOUR () WEEK () MO	YOUR TITLE:	REASON FOR LEAVING:
NAME/TITLE SUPERVISOR:		DUTIES:	
PHONE/ADDRESS:			

DATES EMPLOYED: FROM: TO:		EMPLOYER:	ADDRESS:
HOURS WEEKLY	SALARY: \$ () HOUR () WEEK () MO	YOUR TITLE:	REASON FOR LEAVING:
NAME/TITLE SUPERVISOR:		DUTIES:	
PHONE/ADDRESS:			

DATES EMPLOYED: FROM: TO:		EMPLOYER:	ADDRESS:
HOURS WEEKLY	SALARY: \$ () HOUR () WEEK () MO	YOUR TITLE:	REASON FOR LEAVING:
NAME/TITLE SUPERVISOR:		DUTIES:	
PHONE/ADDRESS:			

SIGNATURE OF APPLICANT _____ DATE _____

Unsigned applications may not be considered.

PROVIDE EMPLOYMENT HISTORY FOR THE PAST 10 YEARS. ATTACH ADDITIONAL PAGES IF NECESSARY.

START WITH MOST CURRENT POSITION. INCLUDE ANY RELATED VOLUNTEER EXPERIENCE.

DATES EMPLOYED: FROM: TO:		EMPLOYER:	ADDRESS:
HOURS WEEKLY	SALARY: \$ () HOUR () WEEK () MO	YOUR TITLE:	REASON FOR LEAVING:
NAME/TITLE SUPERVISOR:		DUTIES:	
PHONE/ADDRESS:			

DATES EMPLOYED: FROM: TO:		EMPLOYER:	ADDRESS:
HOURS WEEKLY	SALARY: \$ () HOUR () WEEK () MO	YOUR TITLE:	REASON FOR LEAVING:
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HOURS WEEKLY	SALARY: \$ () HOUR () WEEK () MO	YOUR TITLE:	REASON FOR LEAVING:
NAME/TITLE SUPERVISOR:		DUTIES:	
PHONE/ADDRESS:			

NOTE TO APPLICANT: Employment history and other references will be checked only if you are to be considered as a potential candidate for employment. In compliance with the Immigration Reform and Control Act of 1986, the City of Laguna Beach requires that all new employees provide documentation to establish both work authorization and identity at the time of appointment. **An unsigned or incomplete application may be removed from consideration.**

APPLICANT CERTIFICATION: I understand that any false statement or willful omissions of fact on this application may constitute grounds for rejection of this application or termination of my employment by the City. Therefore, I certify that the statements made on this application are true and complete to the best of my knowledge. I also understand and acknowledge that placement in any position with the City is conditioned upon completing a medical evaluation with acceptable results and a designated probationary period. Prior to a conditional offer of employment, I understand that an appropriate review of my background, including criminal and employment history (some positions include financial history), will be conducted by the City.

APPLICANT SIGNATURE (REQUIRED): _____ **DATE:** _____

The City of Laguna Beach is an Equal Opportunity Employer. We request the following information to assist us in complying with State and Federal laws to report statistics regarding our applicants. Completion of the following questionnaire is voluntary and will not affect your chances of employment.

This portion of the application will be detached when you file your application and is used for record keeping purposes only. Thank you for your cooperation.

TITLE OF THE POSITION FOR WHICH YOU ARE APPLYING: _____

ETHNIC IDENTIFICATION:

Check the group to which you commonly identify yourself:

- Black
- Hispanic (Hispanic, Spanish, Puerto Rican, South American)
- White or Caucasian
- Asian
- Native American (Name of Tribal Affiliation:)
- Other:

SEX: Female
Male

AGE: (check one):

- 18-25
- 26-30
- 31-35
- 36-40
- 41-45
- 46-50
- 51-55
- 56-60
- 61-65
- 66+

I live in _____
- City State Zip Code

I heard about this job: From a friend
 From a relative
 From a newspaper ad: which one? _____
 From a professional magazine, journal or newsletter: which one? _____
 From an employment agency or special employment office: which one: _____
 Other:

DATE: