



CITY OF MAYWOOD

4319 E. Slauson Avenue

Maywood, CA 90270

www.cityofmaywood.com

EMPLOYMENT APPLICATION POSITION APPLIED FOR: <hr style="width: 80%; margin: 0 auto;"/>
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Applicant Instructions: Please read the recruitment announcement for the position desired. If you possess the qualifications for the job, show clearly on this application all previous education, training and work experience which qualifies you for this position. Please print clearly in ink or type. Answer all questions accurately and completely. All statements in your application are subject to verification and incorrect or incomplete statements may bar or remove you from employment. Read the Certificate of Applicant in Section 6 carefully before signing.

1. PERSONAL DATA			
Name	(Last)	(First)	(Middle)
			Home Telephone Number
Other Names Used			Work Telephone Number
Home Address (Number and Street)			Cell Telephone Number
(City, State & Zip)			E-mail Address
Do you have a valid California Driver's License?			<input type="checkbox"/> YES <input type="checkbox"/> NO
State:	Number:	Class:	Expiration Date:
Can you, after hired, submit proof of U.S. Citizenship or proof of permanent resident alien status?			<input type="checkbox"/> YES <input type="checkbox"/> NO
Will you accept part time work?			<input type="checkbox"/> YES <input type="checkbox"/> NO
Personal References (List 3 persons not related to you).			Phone Number
1.			Occupation
2.			
3.			

2. EDUCATION AND TRAINING (Attach additional sheets if necessary)						
Name and location of last grade or high school attended:	Indicate Highest Grade Completed (1-12)	Did you graduate?	Do you have a GED Certificate?			
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Name and location of Colleges, Universities, Business or Trade Schools attended:	Number of Units Completed	Sem	Qtr.	Major Subjects	Degree or Certificate You must attach a copy	Dates Received or Expected

Please describe additional course work or training (including military) which would qualify you for this position.

Please list certificates or licenses of professional or vocational competence you possess which relate to this position.

Please describe any relevant skills you have such as computer skills (hardware and software), machine or equipment operation.

Have you ever been employed by the City of Maywood? YES NO

From _____ To _____ Department _____

The City has a Nepotism Policy which may preclude employment of certain family members of current employees of the City. Are you related to any present City employee or elected official of the City of Maywood? YES NO

If yes, please provide:

Relative's name(s) _____ Relationship: _____

3. ADDITIONAL INFORMATION

Use this space to provide additional information as required by this application, or to describe in greater detail any aspects of your experience or activity that are pertinent to the job you are seeking.

4. SKILLS/PROFESSIONAL EXPERTISE

Include any skills, equipment you can operate, or memberships that you believe may enhance your qualifications:

Notation Speed: _____

Typing Speed: _____

5. EMPLOYMENT HISTORY**READ CAREFULLY BEFORE BEGINNING THIS SECTION**

List all periods of employment and unemployment for the last ten years, starting with the most recent and working back. Start with present employment, including current employment with the City. Indicate any discharge or forced resignation. List periods of U.S. Military Service and previous employment with the City of Maywood regardless of when they occurred. List separately different positions with the same employer. Give complete information. A resume does not substitute for this section. If you need additional space use the back of the application or attach additional sheets using this format.

Do you object to having your present employer contacted? Yes No If yes, please explain:

Employer:	Title of Your Position:
From: Month/Year To: Month/Year	Duties:
Street Address:	
City and State:	
Name of Supervisor: Phone:	Reason for Leaving:

Employer:	Title of Your Position:
From: Month/Year To: Month/Year	Duties:
Street Address:	
City and State:	
Name of Supervisor: Phone:	Reason for Leaving:

Employer:	Title of Your Position:
From: Month/Year To: Month/Year	Duties:
Street Address:	
City and State:	
Name of Supervisor: Phone:	Reason for Leaving:

Employer:	Title of Your Position:
From: Month/Year To: Month/Year	Duties:
Street Address:	
City and State:	
Name of Supervisor: Phone:	Reason for Leaving:

6. CERTIFICATE OF APPLICANT - PLEASE READ CAREFULLY

If employed, will you take a loyalty oath of Public Officers and Employees? YES NO If yes, please explain _____

This is to inform you that as part of our procedure for processing your application an investigative background report, including a DMV check, may be made through a personal interview with you and/or any third parties who may have information concerning you/or a record search.

All offers of employment are conditioned upon the successful passing of a physical, including a drug screen. The use of this application form does not indicate that there are any positions open and does not in any way obligate the City to process your application and/or hire you.

CERTIFICATION: I certify that the answers given by me to the foregoing questions and statements are true and correct without consequent omissions of any kind whatsoever. I agree that the City shall not be liable in any respect if my employment is terminated because of the falsity of statements, answers or omissions made by me in this application. I authorize the companies, schools or persons named above to give any information regarding my employment that they may have regarding me whether or not it is in their record. I hereby release said companies, schools or persons from all liability for any damage for issuing this information.

Signature: _____

Date: _____

EQUAL OPPORTUNITY EMPLOYER