

## **How to print this form if you have a problem**

This information is for anyone who has a problem printing this Form.

If you have an incomplete print out or missing any details on the Application Form.

Simply save the Form to the Desktop then open it with Acrobat Reader and then print it to your printer. It should print correctly.

To save the page, follow these steps:

- 1 go to the top of the Browser, click on **File**
- 2 click on **Save Page As**
- 3 select to save the page on the Desktop
- 4 click save and wait for download to complete
- 5 double click on the file to open and print it to your printer



# THE CITY OF LA PUENTE

## APPLICATION FOR EMPLOYMENT

Return to  
City Hall  
15900 East Main Street  
La Puente, CA 91744  
(626) 855-1500

AN EQUAL  
OPPORTUNITY  
EMPLOYER

POSITION APPLIED FOR

**T**he application is the initial part of the examination process for all jobs. A separate and complete application must be filled out for each position for which you are applying. All requested information must be furnished on the application itself. Resumes or attachments may be included but cannot be substituted for an application form. Read the Employment Announcement thoroughly and apply only if you feel reasonably certain that you meet the requirements. Clearly state your qualifications. PRINT legibly in ink or use a typewriter. Incomplete or illegible applications may be DISQUALIFIED. Fill out this Application completely. If a question does not apply to you, write N/A. Documents submitted with this Application will not be returned. On the Application, avoid any reference to religion, politics, race, sex or other non-job related traits. NOTIFY US PROMPTLY IF YOU HAVE A CHANGE OF ADDRESS, PHONE OR EMPLOYER. Resumes will NOT be accepted in lieu of completed Applications.

### BACKGROUND INFORMATION

|   |  |
|---|--|
| FULL NAME:<br>_____<br><div style="display: flex; justify-content: space-between; font-size: small;"> <span>LAST</span> <span>FIRST</span> <span>MIDDLE</span> </div> Did you work or attend school under any other name? If so, please list: _____ | TELEPHONE:<br>(____) _____<br>HOME NUMBER<br><br>(____) _____<br>WORK NUMBER |
| PRESENT ADDRESS:<br>_____<br><div style="display: flex; justify-content: space-between; font-size: small;"> <span>STREET</span> <span>CITY</span> <span>STATE</span> <span>ZIP CODE</span> </div>   |  |
| <small>[Provide information only if required by position]</small><br>DO YOU HAVE A VALID CALIFORNIA DRIVER'S LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO<br><br>EXPIRATION DATE: _____  | SOCIAL SECURITY NUMBER:<br>(Optional)<br>_____-_____-____                    |

1. HOW DID YOU LEARN OF THIS OPENING?     Posting     Advertisement     An Individual  
 Where? \_\_\_\_\_ Who? \_\_\_\_\_
2. IF OFFERED THE POSITION THAT YOU ARE APPLYING FOR, WHAT DATE COULD YOU BEGIN EMPLOYMENT?  
 \_\_\_\_\_
3. HAVE YOU EVER BEEN EMPLOYED WITH THE CITY OF LA PUENTE BEFORE?  
 If yes, when? \_\_\_\_\_     YES     NO
4. ARE YOU RELATED TO ANYONE WHO WORKS FOR THE CITY OF LA PUENTE?  
 If yes, name \_\_\_\_\_ Relationship \_\_\_\_\_     YES     NO
5. ARE THERE ANY HOURS OR DAYS YOU ARE UNAVAILABLE FOR WORK?  
 If yes, hours \_\_\_\_\_ days \_\_\_\_\_     YES     NO  
 Explanation \_\_\_\_\_
6. ARE YOU WILLING TO WORK OVERTIME AS REQUIRED?     YES     NO
7. WILL YOU ACCEPT TEMPORARY WORK?     YES     NO
8. ARE YOU ABLE TO PERFORM ALL ESSENTIAL FUNCTIONS OF THE POSITION WITH OR WITHOUT REASONABLE ACCOMMODATION? If necessary describe or demonstrate how, with or without reasonable accommodation, you will be able to perform those job related functions. \_\_\_\_\_  
 \_\_\_\_\_
9. CAN YOU, AFTER EMPLOYMENT, SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES?     YES     NO
10. HAVE YOU AT ANY TIME IN YOUR LIFE BEEN CONVICTED, IN OTHER THAN A JUVENILE COURT, OF A FELONY? A CRIMINAL RECORD DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT. IF YES, GIVE DATE, OFFENSE AND DISPOSITION: \_\_\_\_\_     YES     NO  
 \_\_\_\_\_

### EDUCATION AND TRAINING

CIRCLE HIGHEST GRADE COMPLETED:    High School 9 10 11 12    College: 1 2 3 4 5 6  
 DID YOU RECEIVE YOUR HIGH SCHOOL DIPLOMA?     YES     NO     GED

| Name and Location of<br>College/University | Did You<br>Graduate | Title of Degree<br>Received | Major Subjects | Units<br>Completed |
|--|---------------------|-----------------------------|----------------|--------------------|
|  |                     |                             |                |                    |
|  |                     |                             |                |                    |

Other Schools/Additional Certificates - If additional space is necessary, use a separate sheet \_\_\_\_\_

INDICATE SPECIAL SKILLS YOU HAVE ACQUIRED RELATED TO THE POSITION YOU ARE SEEKING AND THE DEGREE TO WHICH YOU ARE QUALIFIED:

|                                 |                    |                   |
|---------------------------------|--------------------|-------------------|
| OFFICE CLERICAL:                | FOREIGN LANGUAGES: | TOOLS AND SKILLS: |
| Shorthand _____ Speed _____ wpm | Read _____         | _____             |
| Typing _____ Speed _____ wpm    | Speak _____        | _____             |
| Office Machines: _____          | Write _____        | _____             |

NAME: \_\_\_\_\_  
LAST FIRST MIDDLE

## EXPERIENCE

**P**lease account for all employment within the last ten (10) years (including military service), beginning with your current or most recent employer. In addition, list any other experience that is relevant to the position for which you are applying. You may include volunteer experience and internships. Resumes are welcomed but only as an addition to, not a substitute for, this form. Leave no time unaccounted. You may attach additional sheets as needed. NOTE: Failure to complete this information may lead to disqualification of your application.

DO YOU OBJECT TO HAVING YOUR PRESENT EMPLOYER CONTACTED?  YES  NO  
 DO YOU OBJECT TO HAVING YOUR PREVIOUS EMPLOYERS CONTACTED?  YES  NO  
 HAVE YOU EVER BEEN DISCHARGED FOR MISCONDUCT OR UNSATISFACTORY JOB PERFORMANCE  YES  NO  
 OR ASKED TO RESIGN? If yes, explain. \_\_\_\_\_

|   |                             |                        |       |                              |
|---|-----------------------------|------------------------|-------|------------------------------|
| From (Mo/Yr)  | Title of Position           | Company Name           | Phone | Name of Immediate Supervisor |
| To (Mo/Yr)  | Address - Number and Street |                        | City  | State                        |
| Reason for Leaving  |                             | Description of Duties: |       | Hours worked per week:       |
| Salary  |                             | _____                  |       | Total time worked:           |
| <input type="checkbox"/> Hr<br><input type="checkbox"/> Mo<br><input type="checkbox"/> Yr |                             | _____                  |       | _____ Yrs _____ Mos          |
| \$ _____  |                             | _____                  |       |                              |

|   |                             |                        |       |                              |
|---|-----------------------------|------------------------|-------|------------------------------|
| From (Mo/Yr)  | Title of Position           | Company Name           | Phone | Name of Immediate Supervisor |
| To (Mo/Yr)  | Address - Number and Street |                        | City  | State                        |
| Reason for Leaving  |                             | Description of Duties: |       | Hours worked per week:       |
| Salary  |                             | _____                  |       | Total time worked:           |
| <input type="checkbox"/> Hr<br><input type="checkbox"/> Mo<br><input type="checkbox"/> Yr |                             | _____                  |       | _____ Yrs _____ Mos          |
| \$ _____  |                             | _____                  |       |                              |

|   |                             |                        |       |                              |
|---|-----------------------------|------------------------|-------|------------------------------|
| From (Mo/Yr)  | Title of Position           | Company Name           | Phone | Name of Immediate Supervisor |
| To (Mo/Yr)  | Address - Number and Street |                        | City  | State                        |
| Reason for Leaving  |                             | Description of Duties: |       | Hours worked per week:       |
| Salary  |                             | _____                  |       | Total time worked:           |
| <input type="checkbox"/> Hr<br><input type="checkbox"/> Mo<br><input type="checkbox"/> Yr |                             | _____                  |       | _____ Yrs _____ Mos          |
| \$ _____  |                             | _____                  |       |                              |

PLEASE LIST THREE REFERENCES. (Other than supervisors indicated on your experience record.)

| Name | Address | City  | State | (Area Code) Telephone |
|------|---------|-------|-------|-----------------------|
| 1.   | _____   | _____ | _____ | _____                 |
| 2.   | _____   | _____ | _____ | _____                 |
| 3.   | _____   | _____ | _____ | _____                 |

## CERTIFICATE OF APPLICATION

I certify that the information contained in this application form is true and correct and complete to the best of my knowledge and agree to have any of the information contained in the application verified by the City unless I have indicated to the contrary. I authorize the references, employers and schools listed above to provide the City any and all information concerning my previous employment and educational qualifications and any other pertinent information that they may possess. I release all parties and persons from any and all liability for any damages that may result from furnishing such information to the City as well as from the use or disclosure of such information by the City or any of its agents, employees, or representatives. I understand that any misrepresentation, falsification, or material omission of information on this application may result in my failure to receive an offer or, if I am hired, in my dismissal from employment.

I understand that no employee or representative of the City other than the City Council has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the City's Personnel Rules.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_  
 (NOTE: Your application will not be considered complete without your dated signature.)