

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

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

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 College/University	Did You Graduate	Title of Degree Received	Major Subjects	Units 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

Please 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
Salary \$ _____	Description of Duties: _____ _____ _____			Hours worked per week:
				Total time worked: _____ Yrs _____ Mos
<input type="checkbox"/> Hr <input type="checkbox"/> Mo <input type="checkbox"/> Yr				

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

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

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.)