

CITY OF MAYWOOD

4319 E. Slauson Avenue • Maywood, CA 90270

(323) 562-5700

www.cityofmaywood.com

EMPLOYMENT APPLICATION

POSITION APPLIED FOR: _____

LAST NAME	FIRST NAME	MIDDLE INITIAL	For Office Use Only Eligibility Review: <input type="checkbox"/> Qualified <input type="checkbox"/> Disqualified <input type="checkbox"/> Pending Reason Ineligible: <input type="checkbox"/> Education <input type="checkbox"/> Experience <input type="checkbox"/> Late Filing <input type="checkbox"/> Min. Age <input type="checkbox"/> Other _____
NUMBER & STREET			
CITY	STATE	ZIP CODE	
HOME PHONE	BUSINESS PHONE	CELL PHONE	
EMAIL ADDRESS	DRIVER'S LICENSE "If Required" Number: _____ Class: _____ State: _____		

<p>A. Are you over 18? If under 18, can you provide required proof of your eligibility to work?</p> <p>B. Can you, if hired, submit verification of your legal right to work in the U.S.A.? <i>You will be required to furnish such verification prior to employment.</i></p> <p>C. Are you currently employed? May we contact your present employer? <i>If "no", please provide explanation under "remarks".</i></p> <p>D. Have you ever worked using a name different from that used on this application? If yes, please indicate: _____</p>	<p>E. Do you have a physical or mental condition which will require any special accommodation to participate in the selection process? <i>If yes, please explain what type(s) of accommodation is required under "remarks".</i></p> <p>F. Have you ever been convicted of any offense other than a minor traffic violation/infraction? <i>If "yes", you must fully disclose the nature of each conviction, city, date, and disposition under "remarks".</i></p> <p>G. Have you ever been discharged or asked to resign from a position? <i>If "yes" please provide an explanation under "remarks" below.</i></p> <p>H. Do you have any relatives working for the City of Maywood? <i>If "yes", state relationship, name and dept. employed: _____</i></p>
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Requirements to provide an explanation to any of the above questions will not automatically disqualify this application. However, failure to provide complete and accurate information may be cause for disqualification.

PLEASE CONTACT CITY HALL IF YOU REQUIRE VISUAL ASSISTANCE WITH THIS APPLICATION.

Remarks

REFERENCES			
Please provide three work-related references			
1	Name and title _____	Business or occupation _____	Phone _____
2	Name and title _____	Business or occupation _____	Phone _____
3	Name and title _____	Business or occupation _____	Phone _____

EDUCATION

If required, can you show proof that you graduated from **High School** or received your G.E.D. Certificate?

Names and Locations of High School, Colleges, Universities and Trade Schools	Course of Study	Degree or Certificate	Completed (Yes/No)

Other Licenses or Professional Certificates:

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SKILLS/PROFESSIONAL EXPERTISE

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

Notation Speed _____

Typing Speed _____ *Certificate*

EXPERIENCE

Please provide your work experience for the last 10 years beginning with your most recent job and include any periods of unemployment. Attach an additional sheet if necessary to report qualifying experience completely.

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

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

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

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

I certify that all statements on this application are true and complete to the best of my knowledge. I understand false or incomplete statements shall be sufficient cause for disqualification or dismissal. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

Signature: _____ **Date:** _____

APPLICANT STATISTICAL INFORMATION

In order to comply with Federal and State Equal Employment Opportunity requirements, we would appreciate your voluntary cooperation in providing the following information. This information will be used for statistical purpose only and will not be used as part of the testing process.

Position Applied for: _____

Date Applied: _____

CHECK ONE SPACE ONLY FOR THE ETHNIC CATEGORY YOU MOST CLOSELY IDENTIFY WITH:

WHITE BLACK HISPANIC ASIAN AMERICAN INDIAN

GENDER

MALE

FEMALE

AGE:

40 OR OVER

PHYSICALLY OR
MENTALLY DISABLED

HOW DID YOU FIRST LEARN ABOUT THIS EMPLOYMENT OPPORTUNITY?

Website:

City's Website - How were you referred to our website?

Yahoo/Hot Jobs

Other: _____

Other job related website, please specify: _____

Newspaper:

Specify: _____

Publications:

Jobs Available

Western Cities

Other (Explain): _____

Walked In Heard it from someone Online

Posting (Specify Location): _____

Name (Print) _____ Signature _____