



# APPLICATION FOR EMPLOYMENT

## City of Maywood

4319 E. Slauson Ave., Maywood, CA 90270 · Telephone (323) 562-5700 • Fax (323) 773-2806

READ INFORMATION SHEET BEFORE PROCEEDING. PLEASE TYPE OR PRINT, USE VERY DARK INK.

EXACT EXAMINATION TITLE	EXAMINATION NUMBER	CHECK <input type="checkbox"/> OPEN <input type="checkbox"/> PROM	ACCEPT	REJECT	INITIALS AND DATE

SOCIAL SECURITY NUMBER

Name \_\_\_\_\_ FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_ LAST \_\_\_\_\_

Address \_\_\_\_\_ NUMBER \_\_\_\_\_ STREET \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

Telephone \_\_\_\_\_ HOME PHONE \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_ EXT. \_\_\_\_\_ Driver's License No. \_\_\_\_\_ State \_\_\_\_\_ Exp. Date \_\_\_\_\_

3. Do you speak any language other than English?  Yes  No  
IF "YES" CHECK BOX  1. SPANISH  2. ASIAN  
OTHER LANGUAGES: 3. \_\_\_\_\_ 4. \_\_\_\_\_ 5. \_\_\_\_\_ 6. \_\_\_\_\_

7. How did you learn about this job opening? (You may check more than one box.)  
 City Employee  School  Union  
 Bulletin Board  State Employment Office  Ad or News Story in \_\_\_\_\_

8. Can you, after employment, submit verification of your legal right to work in the United States? Yes  No

9. If a License or Certificate is required for this position, list those which you possess and give dates of expiration.  
License or Certificate \_\_\_\_\_ Date Issued \_\_\_\_\_ Date Expires \_\_\_\_\_

10. If the position for which you are applying has a minimum age requirement, please answer the following questions.  
Are you at least eighteen (18) years of age? Yes  No  Are you at least twenty-one (21) years of age? Yes  No

11. Do you claim Veteran's credit in accordance with the laws of the City? Yes  No   
Date of active service in the armed forces of the United States. \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Branch \_\_\_\_\_ Serial No. \_\_\_\_\_

12. PLEASE READ PRIOR TO COMPLETING THIS SECTION  
*A full disclosure by you is to your advantage and your record does not constitute an automatic bar to employment. Factors such as age at the time of offense. Regency of offense will be taken into account, as well as the relationship between the offense(s) and the job(s) for which you apply.*

Within the last five years, have you as a juvenile for corrective purposes ever been made a ward of the court or placed on probation? (Omit if records for the offense were judicially ordered sealed, expunged, or statutorily eradicated.) Yes  No   
List and discuss any convictions (Attach additional sheet if necessary)

Have you as an adult ever been convicted, fined (excluding minor traffic offenses), placed on probation or given a suspended sentence in any court? (Omit if offense was a misdemeanor with (1) probation completed or discharged; and (2) with case judicially dismissed.) Yes  No

13. Have you ever been fired or asked to resign? Yes  No  If yes, please explain. (Attach additional sheet if necessary)

14. CERTIFICATE OF APPLICANT  
I hereby certify that all statements made on or in connection with this application are true to the best of my knowledge and belief, and understand and agree that any misstatement or omission of material fact may cause forfeiture on my part of all rights to employment by this City.

Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Signature \_\_\_\_\_

PLEASE FILL OUT THE OTHER SIDE AND PRINT YOUR NAME HERE ▲

FIRST

MIDDLE

LAST

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

**EDUCATION**

15. Name of last Grade, Junior or Senior High School attended	Location (City and State)	Do You Have A GED Certificate?
		<input type="checkbox"/> Yes <input type="checkbox"/> No

Circle Highest Grade Completed: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20

16. List Names and Locations of All Colleges and Universities Attended (Attach additional sheet if necessary)

NAME OF COLLEGE OR UNIVERSITY	LOCATION		MAJORS AND MINORS	No. of Units Earned	SEM. or QTR.	DEGREE OR CERTIFICATE RECEIVED
	CITY	STATE				

17. Last Names and Locations of Business or Trade Schools Attended (Include Any Related Courses or Training Received) (Attach additional sheet if necessary)

NAME OF SCHOOL	LOCATION		TITLES OF COURSES COMPLETED	NUMBER OF UNITS EARNED			
	CITY	STATE		QTR.	SEM.	OTHER	
						TYPE	NO

**EXPERIENCE**

18. List all jobs you have held in the last ten years beginning with your present or most recent job. Include earlier experience which may qualify you for the position. If you need more space you may attach additional sheets. By giving complete information you may improve your chances for employment.

PAYROLL TITLE, PRESENT JOB (for each title use a separate section)		FROM	TO	TOT MOS	HRS WK	MO SAL
		MO   DAY   YR	MO   DAY   YR			
EMPLOYER	DUTIES					
EMPLOYER ADDRESS						
CITY	STATE	REASON FOR LEAVING				NUMBER SUPERVISED
PAYROLL TITLE, PRESENT JOB (for each title use a separate section)		FROM	TO	TOT MOS	HRS WK	MO SAL
		MO   DAY   YR	MO   DAY   YR			
EMPLOYER	DUTIES					
EMPLOYER ADDRESS						
CITY	STATE	REASON FOR LEAVING				NUMBER SUPERVISED
PAYROLL TITLE, PRESENT JOB (for each title use a separate section)		FROM	TO	TOT MOS	HRS WK	MO SAL
		MO   DAY   YR	MO   DAY   YR			
EMPLOYER	DUTIES					
EMPLOYER ADDRESS						
CITY	STATE	REASON FOR LEAVING				NUMBER SUPERVISED
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