

CITY OF LAGUNA HILLS
24035 El Toro Road Laguna Hills, California 92653

APPLICATION FOR EMPLOYMENT
AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER

NOTICE TO APPLICANTS: An application form is the basis of a selection procedure which may include any technique which fairly measures the job-related qualifications of applicants. Please complete all questions and include any supplemental information which you feel would be helpful in the consideration of your qualifications. No aspect of employment will be influenced by an applicant's or an employee's race, color, religion, sex, national origin, ancestry, physical or mental disabilities, or age as defined by law. All employment decisions will be made solely on the basis of the individual's qualifications as related to the requirements of the position being filled.

PLEASE PRINT OR TYPE

Position for which you are applying: _____

PERSONAL DATA

Name _____ Driver License No. _____
Last First Middle

Address _____
Street City State Zip Code

Home Telephone () _____ Business Telephone () _____

If hired, can you submit verification of your legal right to work in the United States? Yes ____ No ____

Have you ever applied for employment with the City of Laguna Hills? Yes ____ No ____ If yes, indicate date(s) _____

Are you related to an employee of the City? Yes ____ No ____ If yes, specify relationship _____

Have you ever been discharged or forced to resign from a position because of misconduct or unsatisfactory service?
Yes ____ No ____ If yes, please explain. _____

Are you at least 18 years of age Yes ____ No ____ If No, on what date will you be 18 ____/____/____
Mo/Day/Yr

Are there any reasons you may have difficulty performing the essential duties of the job for which you are applying as it is described in the job announcement? Yes ____ No ____ If yes, can you perform the essential functions of the position for which you are applying, with or without a reasonable accommodation? Yes ____ No ____

PROFICIENCIES

List skills you possess and/or machines you can operate and your level of proficiency that relate to the job(s) for which you are applying _____

Licenses, Certificates, and Special Skills, including Computer Software applications:

EDUCATION

Circle the highest grade completed 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18

EDUCATION	NAMES & LOCATION OF SCHOOL	# OF YEARS ATTENDED OR DATE OF GRADUATION	DEGREE OR CERTIFICATES	STUDY EMPHASIS
HIGH SCHOOL		X		
COLLEGE, UNIVERSITY, TRADE SCHOOL				
OTHER				

List any other courses, seminars or related training which would increase your effectiveness in this position. Include title of course, dates attended and certificates received. _____

List any applicable professional or vocation certificates you possess. _____

REFERENCES

List at least three professional references whom we may contact and who have knowledge of your qualifications.

NAME	ADDRESS	TELEPHONE	RELATIONSHIP

EMPLOYMENT HISTORY

Please list your last ten years of work experience. All sections except "Duties" must be filled in even if resume is attached. Please begin with your most recent job. (Attach additional sheets if necessary.) Account for any periods of unemployment.

Dates of Employment (Month, Year)
From: _____ To: _____
Name and Address of Employer _____

Phone _____
Name & Title of Your Supervisor _____

Number You Supervised _____

Title of Position: _____
Duties: _____

Reason for Leaving (be specific): _____

May we contact this employer? Yes __ No __

Dates of Employment (Month, Year)
From: _____ To: _____
Name and Address of Employer _____

Phone _____
Name & Title of Your Supervisor _____

Number You Supervised _____

Title of Position: _____
Duties: _____

Reason for Leaving (be specific): _____

May we contact this employer? Yes __ No __

Dates of Employment (Month, Year)
From: _____ To: _____
Name and Address of Employer _____

Phone _____
Name & Title of Your Supervisor _____

Number You Supervised _____

Title of Position: _____
Duties: _____

Reason for Leaving (be specific): _____

May we contact this employer? Yes __ No __

Dates of Employment (Month, Year)
From: _____ To: _____
Name and Address of Employer _____

Phone _____
Name & Title of Your Supervisor _____

Number You Supervised _____

Title of Position: _____
Duties: _____

Reason for Leaving (be specific): _____

May we contact this employer? Yes __ No __

ADDITIONAL INFORMATION: Please attach any additional information you wish covering your qualifications or interest pertinent to the position for which you are applying. A resume will be accepted as a supplement to this completed form; however, it may not be submitted in lieu of this form.

Facsimile applications will be accepted if received before the close of the application period. However, the original application must be received within 7 working days following the close of the application period.

NOTICE TO APPLICANT: References will be checked only if you are to be considered as a potential candidate for employment. In compliance with the Immigration Reform and Control Act of 1986, the City of Laguna Hills requires that all new employees provide documentation to establish both work authorization and identity at the time of employment.

CERTIFICATE OF APPLICANT: I understand that any false statement or willful omissions of fact on this application may constitute grounds for rejection of this application or dismissal from employment. Therefore, I certify that the statements made on this application are true and complete to the best of my knowledge.

I also understand that appointment to any position is conditional upon successful completion of a job related employee physical, including a drug and alcohol screen, followed by a background examination (including credit check if job related), and a probationary period.

The City of Laguna Hills maintains a drug-free workplace and the City reserves the right to require employees and applicants, prior to and during employment, to take and pass drug and alcohol screens upon request.

Signature of Applicant _____ Date _____

UNSIGNED APPLICATIONS WILL NOT BE CONSIDERED