



# CITY OF PLACENTIA

## EMPLOYMENT APPLICATION

Return to  
 City of Placentia  
 Attn: Personnel  
 401 E. Chapman Ave.  
 Placentia, CA 92870  
 Telephone: (714) 993-8141

Enter title of position for which you are applying

### INSTRUCTIONS TO APPLICANTS:

- (a) Print or Type.
- (b) Answer all questions completely and accurately; incomplete information may disqualify your application.
- (c) False statements are cause for rejection of application, removal from eligibility list or dismissal from position.
- (d) The City of Placentia does not discriminate on the basis of race, religion, color, national origin, sex, age, or disability.

|                            |          |  |
|----------------------------|----------|--|
| Last                       | First    | Middle   |
| Number and Street          |          | (Apt. No.)   |
| City and State             | Zip Code | Area Code/Telephone Number   |
| In Case of EMERGENCY call: |          | Fill in the following speeds when applicable to the position:<br><br>Typing _____ WPM<br>Shorthand _____ WPM |
| Name                       |          |  |
| Address                    |          |  |
| Telephone Number           |          |  |

How did you learn about this position?

- |  |  |
|--|--|
| <input type="checkbox"/> NEWSPAPER     | <input type="checkbox"/> CABLE JOB OPPORTUNITIES |
| <input type="checkbox"/> INTEREST CARD | <input type="checkbox"/> INTERNET                |
| <input type="checkbox"/> JOB BULLETIN  | <input type="checkbox"/> OTHER _____             |

List any required License, Certification, or Professional Registration:  
*Additional space provided below*

| LICENSE | STATE | NUMBER | EXP. DATE |
|---------|-------|--------|-----------|
| Drivers |       |        |           |
|         |       |        |           |
|         |       |        |           |

### You must respond to all of the following questions:

- Were you ever employed by the City of Placentia? .....  Yes       No
- Are any of your relatives (by blood or marriage) employed by the City of Placentia? .....  Yes       No
- Have you ever been convicted of any crime or violating any law, ordinance, or statute other than a parking violation (this includes traffic citations)? .....  Yes       No

- If answer to any above is "YES", explain in detail in space provided below.

**Notice:** The City of Placentia is committed to reasonable accommodation for disabled persons. If you believe you may need reasonable accommodation to perform the duties of the position for which you are applying, you are encouraged to state it in the space below.

*(use additional sheet if necessary)*

EDUCATION: Highest grade completed. 1 2 3 4 5 6 7 8 9 10 11 12 G.E.D. 13 14 15 16 17

List your High School, College, Business, Trade, Correspondence or other courses below:

| Name of School                            | How many years attended? | Major Subject or Course of Study | Total Credits |       | List Degree or Certificate Received |
|---|--------------------------|----------------------------------|---------------|-------|-------------------------------------|
|   |                          |                                  | Sem. Units    | Hours |                                     |
|   |                          |                                  | —             | —     |                                     |
|   |                          |                                  |               |       |                                     |
|   |                          |                                  |               |       |                                     |
| Grade Average, college level units: _____ |                          |                                  | Total         |       |                                     |

**EMPLOYMENT HISTORY** – List your work record for the last 10 years. If jobs held prior to 10 years ago relate to the position applied for, list these also. Include self-employment. List each promotion separately and describe the work you did. If unemployed for more than one month, write “unemployed” under position title and explain in duties section. Use additional sheet if necessary. Resume may be attached but not substituted.

|                        |  |  |                     |       |
|------------------------|--|--|---------------------|-------|
| From (Mo. & Yr.)       | Title of your present or last position | Employer's Name                          | Area Code/Phone No. |       |
| To (Mo. & Yr.)         |  | Number and Street                        | City                | State |
| Total years worked     |  | Name and Title of Supervisor             |                     |       |
| Hrs. worked each wk.   |  | Name and Title of next higher Supervisor |                     |       |
| Starting Salary        |  |  |                     |       |
| Present or last salary |  | Reason for leaving                       |                     |       |

|                      |  |  |      |       |
|----------------------|--|--|------|-------|
| From (Mo. & Yr.)     | Title of your present or last position | Employer's Name                          |      |       |
| To (Mo. & Yr.)       |  | Number and Street                        | City | State |
| Total years worked   |  | Name and Title of Supervisor             |      |       |
| Hrs. worked each wk. |  | Name and Title of next higher Supervisor |      |       |
| Last Salary          |  | Reason for Leaving                       |      |       |

|                      |  |  |      |       |
|----------------------|--|--|------|-------|
| From (Mo. & Yr.)     | Title of your present or last position | Employer's Name                          |      |       |
| To (Mo. & Yr.)       |  | Number and Street                        | City | State |
| Total years worked   |  | Name and Title of Supervisor             |      |       |
| Hrs. worked each wk. |  | Name and Title of next higher Supervisor |      |       |
| Last Salary          |  | Reason for Leaving                       |      |       |

|                      |  |  |      |       |
|----------------------|--|--|------|-------|
| From (Mo. & Yr.)     | Title of your present or last position | Employer's Name                          |      |       |
| To (Mo. & Yr.)       |  | Number and Street                        | City | State |
| Total years worked   |  | Name and Title of Supervisor             |      |       |
| Hrs. worked each wk. |  | Name and Title of next higher Supervisor |      |       |
| Last Salary          |  | Reason for Leaving                       |      |       |

|                      |  |  |      |       |
|----------------------|--|--|------|-------|
| From (Mo. & Yr.)     | Title of your present or last position | Employer's Name                          |      |       |
| To (Mo. & Yr.)       |  | Number and Street                        | City | State |
| Total years worked   |  | Name and Title of Supervisor             |      |       |
| Hrs. worked each wk. |  | Name and Title of next higher Supervisor |      |       |
| Last Salary          |  | Reason for Leaving                       |      |       |

**PLEASE READ CAREFULLY – APPLICANT'S CERTIFICATION AND AGREEMENT**

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge. I understand that, if employed, false statements on this application shall be considered sufficient cause for dismissal. I understand that, if employed, such employment will be subject to verification of previous employment, data provided in my application, and any related documents or resume; and that evidence of U.S. citizenship or U.S. resident status, and evidence of date of birth is required. I authorize education institutions, employers, law enforcement authorities, organizations, and individuals having relevant information concerning my qualifications for employment to release such information; and I release all concerned from any liability in connection therewith; and I understand that I can make a written request as to the nature and scope of said information. I understand that I may be required prior to and during employment to take and pass psychological and/or polygraph exam, and/or medical tests including drug and alcohol screens. I understand that if hired, I will be required to know, and comply with, all rules and regulations. I understand that the benefits, rules and regulations may be changed, modified, deleted, or added to at any time at the City's sole option, and without prior notice.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_



E.E. No. \_\_\_\_\_

# CITY OF PLACENTIA

## PERSONNEL OFFICE

### Equal Employment Opportunity Statistical Information

The following information is requested in order to monitor the effectiveness of the City's equal employment opportunity recruiting efforts. This page will be kept separate from your application, and will have no bearing on whether or not you are selected for City employment.

Please check appropriate boxes:

Male

Female

- White      Includes all persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- Black      Includes all persons having origins in any of the Black racial groups of Africa.
- Hispanic      Includes all persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- Asian or Pacific Islander      Includes all persons having origins in any of the original peoples of the Far East, Southwest Asia, the Indian Subcontinent, or the Pacific Islands.
- American Indian or Alaskan Native      Includes all persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

Date of Birth \_\_\_\_\_

Position Applied for \_\_\_\_\_

Date \_\_\_\_\_