



CITY OF PLACENTIA

EMPLOYMENT APPLICATION

Return to
 City of Placentia
 Attn: Human Resources
 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.	NAME		
	Last	First	Middle
	Street and Number		(Apt. No.)
	City and State	Zip Code	Area Code/Telephone Number
	Email		Fill in the following speeds when applicable to the position: Typing _____ WPM

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: <i>Additional space provided below</i> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width: 30%;">LICENSE</th> <th style="width: 20%;">STATE</th> <th style="width: 20%;">NUMBER</th> <th style="width: 30%;">EXP. DATE</th> </tr> </thead> <tbody> <tr> <td>Drivers</td> <td></td> <td></td> <td></td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	LICENSE	STATE	NUMBER	EXP. DATE	Drivers											
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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

- 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: Circle 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 Sem. Units	Hours	List Degree or Certificate Received
			—	—	
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 Duties Total years worked Hrs. worked each wk. Starting Salary Present or last salary	Employer's Name	Area Code/Phone No.	
To (Mo. & Yr.)		Number and Street	City	State
		Name and Title of Supervisor		
		Name and Title of next higher Supervisor		
		Reason for leaving		
From (Mo. & Yr.)	Title of your present or last position Duties Total years worked Hrs. worked each wk. Last Salary	Employer's Name	Area Code/Phone No.	
To (Mo. & Yr.)		Number and Street	City	State
		Name and Title of Supervisor		
		Name and Title of next higher Supervisor		
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		Name and Title of Supervisor		
		Name and Title of next higher Supervisor		
		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 _____