



CITY OF LAWNDALE

14717 BURIN AVENUE
LAWNDALE, CA 90260
(310) 973-3200

OFFICE USE ONLY

POSITION APPLYING FOR: _____

Please read the job bulletin before applying. **PLEASE TYPE OR PRINT CLEARLY IN INK.** Answer all questions completely and accurately. False statements are cause for rejection of the application, removal of name from eligibility or dismissal from position. All application materials submitted will become the property of the City and will not be returned or copied. **NO E-MAILS or FAXES ACCEPTED!**

FULL LEGAL NAME: _____
First Middle Last

OTHER NAME (S) USED IN EMPLOYMENT OR SCHOOL: _____
First Middle Last

ADDRESS: _____
No. Street City State Zip Code

PRIMARY PHONE #: _____ SECONDARY PHONE #: _____

Check the type of employment you are willing to accept: Full-Time Part-Time Substitute On Call
Y N Y N

Have you ever been a member of PERS? Have you ever been employed by the City of Lawndale?

Do you have any relatives employed by the City? Are you currently on Active Reserve Military Status?

Are you a veteran of U.S. Military Services? Have you ever been fired or asked to resign from employment?

* If you answered "YES" to any of the above questions, please explain below, or on a separate sheet of paper if necessary.

Are you a U.S. Citizen? Y N If NO, do you have the legal right to work in the United States? Y N
(Verification must be provided upon hire.)

Do you have a California Driver's License? Y N DL #: _____ Exp. Date: _____ Class: _____

How did you learn of this opening? (Check one): Newspaper Personal Contact Job Flyer Employee
Other, please specify: _____

EDUCATION INFORMATION

HIGH SCHOOL ATTENDED: _____ Did you graduate: Y N GED: Y N

LIST ALL COLLEGES, UNIVERSITIES OR TRADE SCHOOLS ATTENDED: Please print name and location	MAJOR AREA OF STUDY	#OF UNITS QTR. OR SEM.	DEGREE OBTAINED	DID YOU GRADUATE?

SKILLS INFORMATION

List any specific skills, professional licenses, certificates and/or job related training which are either required or are directly applicable to the position you are applying for:

EMPLOYMENT HISTORY

Please list all paid or volunteer experience, including military service, for the past 10 years. Include any other experience related to the position you are seeking. Start with your most recent position and work back. **Do not use phrases such as "see resumé" all pertinent information should be provided.** For your application to be considered, you must complete each section, even if you are attaching a resume. Attach additional sheets if necessary.

CURRENT JOB TITLE: _____ FROM: _____ TO: _____

CURRENT EMPLOYER : _____ TELEPHONE NUMBER: _____

ADDRESS: _____ SUPERVISOR/MANAGER: _____

FULL-TIME PART-TIME NUMBER OF HOURS PER WEEK: _____ # OF PEOPLE SUPERVISED: _____

BRIEFLY DESCRIBE DUTIES: _____

REASON FOR LEAVING: _____ MAY WE CONTACT THIS EMPLOYER Y N

PREVIOUS JOB TITLE: _____ FROM: _____ TO: _____

PREVIOUS EMPLOYER : _____ TELEPHONE NUMBER: _____

ADDRESS: _____ SUPERVISOR/MANAGER: _____

FULL-TIME PART-TIME NUMBER OF HOURS PER WEEK: _____ # OF PEOPLE SUPERVISED: _____

BRIEFLY DESCRIBE DUTIES: _____

REASON FOR LEAVING: _____ MAY WE CONTACT THIS EMPLOYER Y N

PREVIOUS JOB TITLE: _____ FROM: _____ TO: _____

PREVIOUS EMPLOYER : _____ TELEPHONE NUMBER: _____

ADDRESS: _____ SUPERVISOR/MANAGER: _____

FULL-TIME PART-TIME NUMBER OF HOURS PER WEEK: _____ # OF PEOPLE SUPERVISED: _____

BRIEFLY DESCRIBE DUTIES: _____

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PREVIOUS EMPLOYER : _____ TELEPHONE NUMBER: _____

ADDRESS: _____ SUPERVISOR/MANAGER: _____

FULL-TIME PART-TIME NUMBER OF HOURS PER WEEK: _____ # OF PEOPLE SUPERVISED: _____

BRIEFLY DESCRIBE DUTIES: _____

REASON FOR LEAVING: _____ MAY WE CONTACT THIS EMPLOYER: Y N

If you would like to submit additional information for consideration, please attach to this application. Thank you for your interest in the City of Lawndale!

DISCLAIMER AND SIGNATURE

I certify that all statements on this application are true and complete; there are no misrepresentations, falsifications, or omissions of material fact or information. I understand that any false statements or omissions of material fact may subject me to disqualification or dismissal from any employment with the City. I authorize the City of Lawndale to investigate my qualifications, employment record or character through sources mentioned in the application.

I AUTHORIZE RELEASE OF ANY PRIOR EMPLOYMENT INFORMATION OR RECORDS TO VERIFY STATEMENTS MADE ON THIS APPLICATION AND RELEASE FROM LIABILITY ANY PERSONS OR ORGANIZATIONS FURNISHING INFORMATION.

Signature _____

Date _____