



CITY OF AZUSA

Employment Application AN EQUAL OPPORTUNITY EMPLOYER

HUMAN RESOURCES DEPARTMENT
213 East Foothill Boulevard, PO Box 1395 Azusa, CA 91702-1395
Website: www.ci.azusa.ca.us
(626) 812-5251 - 24 hour job line (626) 812-5241 - phone

SPECIAL ASSISTANCE WITH THE APPLICATION AND EXAMINATION PROCESS IS AVAILABLE, UPON REQUEST, FOR PERSONS WITH DISABILITIES. PLEASE CALL (626) 812-5027

FOR OFFICE USE ONLY

ACCEPTED DATE NOTICE MAILED: / /
REJECTED DATE NOTICE MAILED: / /
EXPERIENCE
EDUCATION
OTHER

TIME REC'D DATE

INSTRUCTIONS:

- PLEASE READ EMPLOYMENT OPPORTUNITY BULLETIN BEFORE FILLING OUT APPLICATION, AND INDICATE YOUR RELEVANT EXPERIENCE AND EDUCATION.
- PRINT IN INK OR TYPE.
- ANSWER ALL QUESTIONS COMPLETELY AND ACCURATELY.
- AT THE TIME OF EMPLOYMENT WITH THE CITY, YOU MUST SUBMIT PROOF OF AGE (IF POSITION HAS MINIMUM AGE REQUIREMENT ONLY) AND U.S. CITIZENSHIP OR LEGAL RIGHT TO REMAIN AND WORK IN THE U.S.A.
- FALSE STATEMENTS, OMISSION OF MATERIAL FACTS, AND INCOMPLETE APPLICATIONS MAY RESULT IN REJECTION OF YOUR APPLICATION, REMOVAL FROM ELIGIBLE LISTS, OR DISMISSAL

From what source did you learn of this position?

- ADVERTISEMENT (Name) _____
 REFERRED BY AZUSA STAFF (Name) _____
 JOB INTEREST CARD
 JOB BULLETIN AT _____
 OTHER (Describe) _____

APPLICATION FOR: (Please give exact position title)

TELEPHONE NUMBERS:

HOME: ()

WORK: ()

APPLICANT'S FULL NAME:

OTHER NAMES CURRENTLY OR PREVIOUSLY USED:

LAST FIRST MIDDLE

PLEASE INDICATE FIRST, MIDDLE AND LAST NAME

PRESENT ADDRESS:

STREET CITY STATE ZIP

DRIVER'S LICENSE (for positions requiring operation of motor vehicle)

Number: _____ Expiration Date: _____ State: _____

Endorsements: _____ Class: _____

Restrictions: _____

HAVE YOU EVER WORKED FOR THE CITY OF AZUSA?

YES NO If YES, in what department? _____ Dates employed: _____

DO YOU HAVE ANY RELATIVES CURRENTLY EMPLOYED BY THE CITY OF AZUSA?

YES NO If YES, give name, department and relationship: _____

SPECIAL SKILLS/KNOWLEDGE

a. Typing Speed _____ wpm Indicate Foreign Language (speak, read and/or write) _____

b. List computer software programs, languages, programming skills, etc.

PLEASE LIST ANY MACHINES OR EQUIPMENT YOU CAN OPERATE RELATED TO THIS POSITION:

DO YOU HAVE ANY SPECIAL SKILLS OR QUALIFICATIONS WHICH YOU BELIEVE WOULD ESPECIALLY CONTRIBUTE TO THE POSITION APPLIED FOR?

WERE YOU EVER DISCHARGED/REJECTED DURING PROBATION OR HAVE YOU RESIGNED UNDER PRESSURE OR UNFAVORABLE CIRCUMSTANCES FROM ANY EMPLOYMENT :

YES NO If YES, state name of employer, date of termination and reason for termination of employment on a separate sheet of paper and attach to application.

EDUCATION

Circle Highest Grade Completed in School: 1 2 3 4 5 6 7 8 9 10 11 12	Name and Location of High School Attended			Graduate?	G.E.D. Certificate?	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Names and locations of colleges, universities, or trade school attended	Attendance Dates		Full or Part Time	Semester or Quarter Units Completed	Major Subjects	Degrees or Certificates received
	From	To				

EXPERIENCE

MUST BE FILLED OUT COMPLETELY! Begin with your most recent experience. List all experience within the last ten years, including U.S. military service and periods of unemployment. Give details on the experience which you believe meets the entrance requirements for this position. Go back more than ten years if necessary. Also, list any volunteer experience which you feel helps you meet the requirements for the job. Resumes may be submitted in addition to your application, but the information below must be completed. Use extra sheets of paper if necessary including the same information categories requested below.

EMPLOYED FROM: _____ TO: _____ TOTAL: _____ <small>Month/Year Month/Year Years Months</small> Employer _____ Address _____ Telephone Number (____) _____ Supervisor's Name _____	Title of Your Position: _____ Duties of Your Position: _____ _____ _____ Reason for leaving: _____	Number of hours worked per week: _____	Number of employees you supervised: _____ Salary \$ _____ Per <input type="checkbox"/> Month <input type="checkbox"/> Week <input type="checkbox"/> Hour
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Currently Employed? Yes NO If yes, may we contact your present employer? Yes NO

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READ CAREFULLY BEFORE SIGNING:

I hereby certify that all statements made in this application are true and complete to the best of my knowledge and belief. I authorize the City of Azusa to investigate my qualifications, employment record or character through inquiries to any sources mentioned in this application, unless otherwise stated in this application, and I understand and agree that any misstatements or omissions of material fact herein may cause forfeiture on my part of all rights to employment by the City of Azusa.

I further agree to be fingerprinted, to submit to a complete medical examination by a City physician, to sign an oath of office, and to furnish such proof of education and citizenship or legal right to work in this country as may be required as a condition of employment. Completion of these conditions does not imply an offer of employment.

SIGNATURE _____ DATE _____

CITY OF AZUSA HUMAN RESOURCES DEPARTMENT: CONVICTION INFORMATION QUESTIONNAIRE

NOTICE: Individuals with conviction records are eligible for employment with the City of Azusa and are encouraged to apply. **Information on convictions is required from all applicants. Any omissions are grounds for rejection of the application, removal of the applicant's name from the eligible list, or dismissal from City employment.** All employees are fingerprinted and notification of convictions is sent to the City of Azusa by the State of California, Department of Justice, Bureau of Criminal Identification.

Please respond to the following question:

Have you ever been convicted of breach or violation of any ordinance or law other than a minor traffic violation? If "Yes", you must provide additional information as requested below .

___ YES ___ NO

Please provide information pertaining to ALL convictions, unless sealed or expunged. Do NOT list arrests that did not result in a conviction.

Date of Conviction	Code Section Violated (Number and Title)	Felony or Misdemeanor
Sentencing Information: (length of jail sentence, time served, monetary fine, terms of parole and/or probation)		
Description of Offense / Additional Remarks:		

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Description of Offense / Additional Remarks:		

I certify that I have read this notice and that I am aware of my responsibilities in reporting convictions on my application.

Signature of Applicant

Date

Print Name