

EMPLOYMENT APPLICATION
An Equal Opportunity Employer



Human Resources Use Only			
MQ's: <input type="checkbox"/> YES <input type="checkbox"/> NO		By: _____	
<input type="checkbox"/> Ed.	<input type="checkbox"/> Exp.	<input type="checkbox"/> Eq.	<input type="checkbox"/> Lic/Cert
	date	score	list?
writ			comments:
prac			
oral			
total			

CITY OF REDONDO BEACH

415 Diamond Street PO Box 270 Redondo Beach, CA 90277 (310) 318-0659 www.redondo.org

Please type or print in ink all required information. (Incomplete, illegible or **unsigned** applications may be eliminated from consideration.)

Job Title applying for: _____

Name: _____ Social Security Number: _____ - -
Last First Middle

Mailing Address: _____ Home Phone: _____
Number and Street Apt. No

_____ Work/Message Phone: _____
City State Zip

GENERAL INFORMATION (Attach additional sheets if necessary)

Would you accept temporary employment?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If hired, you can provide proof of your legal right to work in the United States?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you now or have you ever been employed by the City? If yes, list dates and position.	Yes <input type="checkbox"/> No <input type="checkbox"/>	If hired, can you provide proof of possession of a valid California Driver's License? If yes, give license number.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you related by blood or marriage to any person(s) presently employed by the City? If yes, list name(s) and relationship(s).	Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you ever worked, attended school, or been known by another name? If yes, list name(s) and dates used.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you at least 18 years of age, or if applying for Police Officer or Reserve Officer, at least 21 years of age?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you ever been convicted of a misdemeanor or a felony? If yes, list offense, date, location and penalty. A conviction is not an automatic bar to employment.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Having read the job announcement and class description which list the essential functions of the position, are you able to perform these functions with or without reasonable accommodations?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you ever been discharged from employment or been forced to resign? If yes, give details.	Yes <input type="checkbox"/> No <input type="checkbox"/>

EDUCATION AND TRAINING

	School Name and Address	Major	Units Completed	Degree/ Graduate
High School				
College				
Other (specify)				

EMPLOYMENT HISTORY

Starting with your most recent employer or volunteer experience, list all jobs and activities including military service, part-time employment and self employment for the past 10 years. Additional prior experience related to the position for which you are applying may also be listed. Attach additional sheets if necessary. **Resumes will not be accepted in lieu of completing this section of the application.**

May we contact your present employer at this time? YES NO

A	From:		To:		NAME OF PRESENT OR LAST EMPLOYER	ADDRESS	SALARY
	Month	Year	Month	Year	SUPERVISOR'S NAME & TITLE & TELEPHONE		REASON FOR LEAVING
	JOB TITLE				DUTIES		
B	From:		To:		PREVIOUS EMPLOYER	ADDRESS	SALARY
	Month	Year	Month	Year	SUPERVISOR'S NAME & TITLE & TELEPHONE		REASON FOR LEAVING
	JOB TITLE				DUTIES		
C	From:		To:		PREVIOUS EMPLOYER	ADDRESS	SALARY
	Month	Year	Month	Year	SUPERVISOR'S NAME & TITLE & TELEPHONE		REASON FOR LEAVING
	JOB TITLE				DUTIES		
D	From:		To:		PREVIOUS EMPLOYER	ADDRESS	SALARY
	Month	Year	Month	Year	SUPERVISOR'S NAME & TITLE & TELEPHONE		REASON FOR LEAVING
	JOB TITLE				DUTIES		
E	From:		To:		PREVIOUS EMPLOYER	ADDRESS	SALARY
	Month	Year	Month	Year	SUPERVISOR'S NAME & TITLE & TELEPHONE		REASON FOR LEAVING
	JOB TITLE				DUTIES		

Please identify and explain all periods of unemployment in excess of one month during the past 10 years:

From: _____ To: _____
Reason for Unemployment: _____

READ THIS STATEMENT BEFORE SIGNING

I hereby certify that the information supplied on this application is true and correct to the best of my knowledge. I understand that any misrepresentation, falsification or omission of information on this application may result in my failure to receive an offer of employment, or if I am hired, may result in discharge from employment. Unless otherwise noted, I agree that any statements I have made herein may be verified by the City, which verification may include contact with my former employers.

I understand that all offers of employment are conditioned on my ability to provide proof of my identity and legal ability to work in the United States, and on the satisfactory completion of a post-offer medical examination, including a drug screen.

Signature _____

Date _____