



CITY OF LA HABRA

PERSONNEL DEPARTMENT
201 E. LA HABRA, BLVD.
LA HABRA, CA. 90631

EMPLOYMENT APPLICATION

AN EQUAL OPPORTUNITY EMPLOYER

PLEASE TYPE OR PRINT IN BLUE OR BLACK INK

Position for which you are applying: _____

Name _____
Last First MI

Address _____
No Street Apt. City State Zip Code

Home Tel _____ - _____ Work/Message Tel _____ - _____

Valid Driver's License? Yes No State Issued and No. _____

Please Answer all of the Following Questions Completely and Accurately:

1. Have you ever been employed by the City of La Habra? Yes No
If yes, list Department _____ and date(s) employed From ____/____/____ To ____/____/____
2. Are you related to any City of La Habra employee? Yes No
If yes, give Name _____ Department _____ Relationship _____
3. Have you ever been discharged from any employment? Yes No
If yes, please explain in the "Remarks" section below.
4. Do you have the legal right to work in the United States? Yes No

Remarks (attach additional sheet if necessary):

For City of La Habra Personnel Department Use Only – Do Not Write Below This Line

Meets Qualifications	_____	Disposition of Application:	
Does Not Meet Qualifications	_____	Forwarded for testing	_____
Lacks Experience	_____	Hold for Future Consideration	_____
Lacks Education/Training	_____	Disqualified	_____
Lacks Certification(s)	_____	Personnel Department Evaluator:	
Late Application	_____	Initials _____	
Incomplete Application	_____		

DATE RECEIVED

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EDUCATION AND TRAINING

CIRCLE HIGHEST GRADE COMPLETED 1 2 3 4 5 6 7 8 9 10 11 12	NAME OF SCHOOL	LOCATION (CITY, STATE)	DIPLOMA OR GED? (CIRCLE ONE)
LIST COLLEGES, UNIVERSITIES AND TRADE SCHOOLS ATTENDED (ATTACH SEPARATE SHEET IF NECESSARY)		MAJOR SUBJECT OR COURSE OF STUDY	# OF UNITS SEMESTER/QUARTER
			LIST DEGREE(S) OR CERTIFICATE(S) RECEIVED

SPECIAL SKILLS

TYPING SPEED: _____ SHORTHAND: _____ OFFICE MACHINES: _____

DESKTOP COMPUTING APPLICATIONS: _____

NON-OFFICE EQUIPMENT OR MACHINE OPERATION: _____

THIS SECTION MUST BE COMPLETED

FAILURE TO PROVIDE ALL INFORMATION REQUESTED IN THIS SECTION MAY LEAD TO YOUR APPLICATION BEING DISQUALIFIED. DO NOT ATTACH A RESUME IN LIEU OF THIS INFORMATION. If you need more space for your job record, you may use the same format on separate sheets of paper.

EXPERIENCE: Begin with your most recent experience. List all experience gained in the last ten years, including self-employment, military service and volunteer work. Give full details about experience which, in your opinion, qualifies you for the job for which you are applying. For full consideration *you must* provide all information requested about your qualifications and work record.

From:	Job Title:	Employer:
To:	Job Duties:	Address:
Total (Years, Months):		City, State and Zip Code:
Mo. Salary:		Telephone No:
No. Supervised:		Supervisor's Name:
		Reason for leaving:

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From:	Job Title:	Employer:
To:	Job Duties:	Address: City, State and Zip Code:
Total (Years, Months):		Telephone No:
Mo. Salary:		Supervisor's Name:
No. Supervised:		Reason for leaving:

From:	Job Title:	Employer:
To:	Job Duties:	Address: City, State and Zip Code:
Total (Years, Months):		Telephone No:
Mo. Salary:		Supervisor's Name:
No. Supervised:		Reason for leaving:

From:	Job Title:	Employer:
To:	Job Duties:	Address: City, State and Zip Code:
Total (Years, Months):		Telephone No:
Mo. Salary:		Supervisor's Name:
No. Supervised:		Reason for leaving:

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From:	Job Title:	Employer:
To:	Job Duties:	Address:
Total (Years, Months):		City, State and Zip Code:
Mo. Salary:		Telephone No:
No. Supervised:		Supervisor's Name:
		Reason for leaving:

From:	Job Title:	Employer:
To:	Job Duties:	Address:
Total (Years, Months):		City, State and Zip Code:
Mo. Salary:		Telephone No:
No. Supervised:		Supervisor's Name:
		Reason for leaving:

Explain why you are interested in this position or believe yourself to be especially qualified. Attach additional sheet if necessary.

I hereby certify that all statements in this application are true and complete and that any misstatement or omission of material fact may be justification for rejection of my application, refusal of employment, removal of my name from an eligibility list and/or dismissal of employment with the City of La Habra.

I understand that applicants considered for positions involving public safety, such as Police, or positions involving operation of heavy equipment, machinery or any vehicle, are required to take a pre-employment drug/alcohol screening test.

Signature _____

Date _____

APPLICANT'S AUTHORIZATION TO RELEASE INFORMATION

AS AN APPLICANT FOR A POSITION WITH THE CITY OF LA HABRA, I HEREBY AUTHORIZE PAST EMPLOYERS AND EDUCATIONAL INSTITUTIONS TO PROVIDE INFORMATION ABOUT MY WORK AND EDUCATIONAL HISTORY FOR USE IN DETERMINING MY QUALIFICATIONS FOR THIS POSITION. I UNDERSTAND THAT THIS AUTHORIZATION FOR THE RELEASE OF INFORMATION SHALL REMAIN IN EFFECT FOR A PERIOD OF UP TO ONE YEAR FROM THE DATE SIGNED.

You may release or verify the following: Any information requested.

Past Employers: Salary History Date of Employment Positions Held
Duties and Responsibilities Attendance Record Reasons for Leaving

Educational Institutions: Years of Attendance Degree(s) Attained Transcript(s)

Signature _____ Date _____
Printed Name _____ SSN _____

CITY OF LA HABRA

PERSONNEL DEPARTMENT

Equal Employment Opportunity Statistical Information

CONFIDENTIAL

Name: _____ *Position Applied for:* _____

PLEASE NOTE: Completion of this form is voluntary. Results will be used to monitor the City's efforts to achieve equal employment opportunity and to gather statistics.

Please answer the following questions as accurately as possible and submit this form, along with your complete application to the City of La Habra Personnel Department by the final filing date for this recruitment.

Sex: Male Female
Race: White Hispanic Black Asian/Pacific Islander
American Indian/Alaskan Native

How did you learn about this recruitment: Newspaper Job Flyer Job Fair
Professional Journal Specify: _____ Website Specify: _____
Newsletter Specify: _____

Referred by: Friend Relative City Employee Job Bank