



**CITY OF BELL GARDENS**  
 7100 S. GARFIELD AVE.  
 BELL GARDENS, CA 90201  
 Ph. (562) 806-7700

AN EQUAL OPPORTUNITY / AFFIRMATIVE  
 ACTION EMPLOYER.

**APPLICATION FOR EMPLOYMENT**  
 THIS APPLICATION EFFECTIVE SIX MONTHS ONLY

**INSTRUCTIONS: PLEASE READ CAREFULLY**

This application is the initial part of the examination process. Read the Employment Opportunity Announcement thoroughly and note the job requirements. **PRINT** in ink or use typewriter. Incomplete or illegible applications may be **DISQUALIFIED**. Fill out this application completely. Clearly state your qualifications. If a question does not apply to you, write N/A. A separate application is required for each position in the city. Use the **EXACT** title of the position for which you are applying. Documents submitted with this application will not be returned. Avoid any reference to religion, politics, race, sex, or other non-job related traits. A completed application is required. A resume may also be submitted. **(NOTIFY US PROMPTLY IF YOU HAVE A CHANGE OF ADDRESS, PHONE OR EMPLOYER.)**

1. POSITION APPLIED FOR (Give Exact Title) \_\_\_\_\_ (Date) \_\_\_\_\_

2. NAME \_\_\_\_\_ (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ Social Security Number \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ (Street and Number) \_\_\_\_\_ (Apt. #) \_\_\_\_\_ HOME PHONE \_\_\_\_\_  
 \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ (if different from above)

**PERSONAL INFORMATION**

3. Are you a U.S. Citizen?  Yes  No  
 If not, can you provide documentation showing that you are authorized to work in the U.S.?  Yes  No

4. Do you have any physical condition which may limit your ability to perform the job applied for?  
 Yes  No (A physical examination may be required and it may include a drug screen.)  
 (If Yes — Explain under REMARKS.)

5. Driver's License:  
 No. \_\_\_\_\_  
 Exp. Date \_\_\_\_\_ State \_\_\_\_\_

6. May we contact your present employer?  
 Yes  No  Not currently employed  
 May we contact your previous employers?  
 Yes  No

7. Have you ever been discharged or forced to resign from any position?  
 Yes  No  
 (If Yes — Explain under REMARKS.)

8. Are you related to any employee of the City of Bell Gardens?  Yes  No  
 (If Yes - Explain under REMARKS.)

9. Have you ever been convicted of a crime punishable as a felony?  
 Yes  No  
 (If Yes — Explain under REMARKS.)

Conviction is not an automatic bar to employment; each case is considered on its own merits. A conviction includes a plea of guilty by a guilty or nolo contendere (no contest) plea or a finding of guilty by a judge, commissioner or jury.

**EDUCATION AND TRAINING**

CIRCLE HIGHEST GRADE COMPLETED	NAME OF SCHOOL	LOCATION	GRADUATE			
			YES	NO		
1 2 3 4 5 6 7 8 9 10 11 12 GED						
COLLEGE, BUSINESS OR TRADE SCHOOL ATTENDED	ATTENDANCE DATES FROM TO	DEGREE & YEAR	MAJOR SUBJECT	SEMESTER UNITS	YES	NO

VERIFIED BY: (Office Only) \_\_\_\_\_

10. Certificates or licenses of Professional or Vocational Competence. (Please include license number and expiration date.) \_\_\_\_\_  
 Membership in Professional or Technical Associations: \_\_\_\_\_

12. Other Special Training or Skills (language, office equipment, machine operation, etc.) \_\_\_\_\_

13. Remarks (attach additional sheet if necessary) \_\_\_\_\_

**VOLUNTARY STATISTICAL INFORMATION**

To further its commitment to Equal Employment Opportunity, the City of Bell Gardens requests that applicants voluntarily provide the following information. Your cooperation is essential to the success of this program. *All information is confidential, and this section will be detached prior to application review.*

Name \_\_\_\_\_ (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle)  
 Recruitment No. \_\_\_\_\_ Age \_\_\_\_\_  
 SSN \_\_\_\_\_  
 Birthdate \_\_\_\_\_  
 Male  Female  Date \_\_\_\_\_  
 Citizenship: Naturalized  Alien  Native   
 Bilingual Ability:  No  Yes \_\_\_\_\_  
 Education (Circle Highest Grade Completed)  
 1 2 3 4 5 6 7 8 9 10 11 12 GED  
 Jr. College  4-Year Degree  
 Graduate work beyond 4 years

**DISABLED OR HANDICAPPED STATUS** - Any person who has, is regarded as having, or has a record of having a physical or mental impairment which substantially limits one or more major life activities, such as difficulty in securing, retaining or advancing in employment, OR, any person who has impairment of sight, hearing or speech, or impairment of physical ability because of amputation or loss of functions or coordination, or any other health impairment which requires special education or related services.  
 (if applicable, please specify type)

**ETHNIC AFFILIATION:**

**White** - (not of Hispanic origin) All persons having origins in any of the original peoples of Europe, North Africa or the Middle East.

**African Descent** - (not of Hispanic origin) All persons having origins in any of the racial groups of Africa.

**Asian or Pacific Islander** - All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent or the Pacific Islands (includes Chinese, Japanese, Korean and Samoan).

**Filipino** - All persons having origins in any of the Philippine Islands.

**Hispanic** - All persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin.

**American Indian or Alaskan Native** - All persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition.

PLEASE PRINT YOUR NAME

LAST

FIRST

MIDDLE

## EXPERIENCE

List all positions you have held in the last 10 years. Account for volunteer, part-time, military, summer positions, and periods of unemployment, etc. **IT IS CRITICAL THAT YOU PROVIDE COMPLETE INFORMATION.** List each change of title or promotion separately. Resumes may be attached but **WILL NOT** be acceptable in lieu of **COMPLETE ANSWERS.** Check the Employment Announcement for details on the qualifications the city is seeking. Start with your present or most recent position and work backwards. Attach additional sheets if necessary.

### CURRENT OR MOST RECENT EXPERIENCE

From    /    /    To    /    / Total Number Years/Months: _____ Employer Name and Address: _____ _____ Supervisor Name & Title: _____ Telephone: (    )    _____	Job Title: _____ Duties: _____ _____ Reason for Leaving: _____ Monthly Salary:    Lowest: _____ Highest: _____ Hours/Week: _____
From    /    /    To    /    / Total Number Years/Months: _____ Employer Name and Address: _____ _____ Supervisor Name & Title: _____ Telephone: (    )    _____	Job Title: _____ Duties: _____ _____ Reason for Leaving: _____ Monthly Salary:    Lowest: _____ Highest: _____ Hours/Week: _____
From    /    /    To    /    / Total Number Years/Months: _____ Employer Name and Address: _____ _____ Supervisor Name & Title: _____ Telephone: (    )    _____	Job Title: _____ Duties: _____ _____ Reason for Leaving: _____ Monthly Salary:    Lowest: _____ Highest: _____ Hours/Week: _____
From    /    /    To    /    / Total Number Years/Months: _____ Employer Name and Address: _____ _____ Supervisor Name & Title: _____ Telephone: (    )    _____	Job Title: _____ Duties: _____ _____ Reason for Leaving: _____ Monthly Salary:    Lowest: _____ Highest: _____ Hours/Week: _____
From    /    /    To    /    / Total Number Years/Months: _____ Employer Name and Address: _____ _____ Supervisor Name & Title: _____ Telephone: (    )    _____	Job Title: _____ Duties: _____ _____ Reason for Leaving: _____ Monthly Salary:    Lowest: _____ Highest: _____ Hours/Week: _____
From    /    /    To    /    / Total Number Years/Months: _____ Employer Name and Address: _____ _____ Supervisor Name & Title: _____ Telephone: (    )    _____	Job Title: _____ Duties: _____ _____ Reason for Leaving: _____ Monthly Salary:    Lowest: _____ Highest: _____ Hours/Week: _____

#### AFFIDAVIT — READ VERY CAREFULLY

I declare under penalty of perjury that all answers and statements in this application are true and complete to the best of my knowledge and belief. I understand that untruthfulness or misleading answers are cause for rejection of this application, removal from an eligible list or dismissal from City employment. I certify that I meet the specified job requirements for this position. I understand that I must pass a physical examination prior to employment and that an alcohol or drug screen, background investigation, and/or D.M.V. check may be required. I understand that the results of any of the foregoing may be grounds for disqualification. I further understand that laws related to this application may be subject to change.

REV 12/91

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

I FIRST LEARNED OF THIS JOB OPENING THROUGH (Check one only):

- A friend or relative
- The City's Personnel Department:
  - Job Line
  - Visit to Personnel Department
- Contact with a City Department/Employee. If Department, specify which \_\_\_\_\_
- An organization or group, specify which \_\_\_\_\_
- An advertisement (newspaper, publication, television or radio station), specify which \_\_\_\_\_
- Received notification in the mail (job flyer)
- Other, specify \_\_\_\_\_

PLEASE CHECK ONE BOX BELOW:

- YES NO
- Did you receive all the information you needed concerning City employment?
  - Were the application procedures and written instructions clear and easily understood?

If you answered no to any of the above, please do us the courtesy of specifying below in order that we may improve in the future.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Additional Comments and/or Suggestions:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_