



# APPLICATION FOR EMPLOYMENT

Human Resources Department  
 9770 Culver Boulevard  
 Culver City, CA 90232-0507  
 (310) 253-5640 Main line (310) 253-5651 Job line  
 TDD (310) 253-5647 (Hearing Impaired Only)  
**An Equal Opportunity/Affirmative Action Employer**

Date and Time Stamp  
 (Human Resources Use Only)

POSITION APPLIED FOR:  Job ID#

**INSTRUCTIONS:** Read the job bulletin to determine if you meet the requirements. Please print in blue or black ink. Answer all questions completely and accurately. False statements may be cause for rejection of the application, removal from the eligible list, or dismissal from position. All information is subject to verification, including conviction record and former employers.

PERSONAL / CONTACT INFORMATION			
LAST NAME	FIRST NAME	MIDDLE INITIAL	HOME PHONE
ADDRESS: NUMBER STREET APT #			MESSAGE PHONE NUMBER
CITY	STATE	ZIP CODE	E-MAIL ADDRESS
If you are related to a Culver City employee, please provide the following information:			<b>SOCIAL SECURITY # (Voluntary)</b> (Used for applicant tracking purposes only)
Employee Name	Relationship	Department	

**Are you a:**

U.S. Veteran?:  no  yes (Must attach DD214 with application)  
 Culver City Employee?:  no  yes

**Do you meet the position's age requirement?**

no  yes  N/A

**Are you willing to work:**

Full Time? <input type="checkbox"/> no <input type="checkbox"/> yes	Nights? <input type="checkbox"/> no <input type="checkbox"/> yes
Part Time? <input type="checkbox"/> no <input type="checkbox"/> yes	Weekends? <input type="checkbox"/> no <input type="checkbox"/> yes
Temporary? <input type="checkbox"/> no <input type="checkbox"/> yes	Holidays? <input type="checkbox"/> no <input type="checkbox"/> yes

**Do you have a Driver License?**  no  yes

State	Number
Class	Endorsement
Expiration Date (xx/xx/xxxx)	

EDUCATION AND TRAINING	
Did you graduate from high school? <input type="checkbox"/> no <input type="checkbox"/> yes If no, Did you earn a GED? <input type="checkbox"/> no <input type="checkbox"/> yes	Name of High School (or Institution that provided GED)
Circle Highest Grade Completed 1 2 3 4 5 6 7 8 9 10 11 12	City and State

**\*\*\*If applicable, attach copies of all relevant degrees and certificates received at time of application\*\*\***

Name of Colleges, Universities, and/or Military Academies attended	Location (City, State)	Number of Units Semester Quarter	Major Subject / Area of Study	Degree/Certificate Received
1)				
2)				
3)				
Trade or Vocational Schools attended	Location (City, State)	Credit Type Units Hours	Area of Study/Trade	Degree/Certificate Received
1)				
2)				

FOR OFFICE USE ONLY				
Screening Date(s)	Reviewed by (HR)	Reviewed by (Dept)	Possess All Required License(s) No <input type="checkbox"/> Yes <input type="checkbox"/>	Applicant Disposition <input type="checkbox"/> NQ <input type="checkbox"/> MSR <input type="checkbox"/> MMR <input type="checkbox"/> AMQ
Eligible for Preference Points Seniority: No <input type="checkbox"/> Yes <input type="checkbox"/> : _____ pts Veteran: No <input type="checkbox"/> Yes <input type="checkbox"/> : _____ pts		Time Period(s) Considered For Seniority Points		Reason for Disposition

APPLICANT NAME (print):	POSITION APPLIED FOR:	JOB ID#
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**- READ CAREFULLY BEFORE BEGINNING THIS SECTION -**

1. Read the experience requirements in the job bulletin before completing this section.
2. Begin with your most recent employer. List different positions with the same employer separately.
3. Account for your work experience within the last ten (10) years, including self-employment. Employment history will be verified.
4. List all periods of employment with the City of Culver City, regardless of when they occurred.
5. List all periods of military service, regardless of when they occurred.
6. Fill out all fields - Do not leave blanks. Attach an additional sheet if you need more space.
7. Incomplete applications may not receive full consideration.
8. **Resumes are NOT accepted in place of any part of this application.** However, you may include a resume in addition to this application for consideration.

**EXPERIENCE** May we contact your present employer?  Yes  No

FROM		TO		Title of Your Position:	Number of Hours worked per week:	Number of Employees you supervised:
Month	Year	Month	Year			
Salary \$ _____		<input type="checkbox"/> Hour	<input type="checkbox"/> Week	Duties of Your Position:		
		<input type="checkbox"/> Month	<input type="checkbox"/> Annual			
Company or Employer:						
Street Address:						
City, State, Zip:						
Phone Number:						
Supervisor's Name:						
Supervisor's Title:				Reason for leaving or wanting to leave if presently employed:		
FROM		TO		Title of Your Position:	Number of Hours worked per week:	Number of Employees you supervised:
Month	Year	Month	Year			
Salary \$ _____		<input type="checkbox"/> Hour	<input type="checkbox"/> Week	Duties of Your Position:		
		<input type="checkbox"/> Month	<input type="checkbox"/> Annual			
Company or Employer:						
Street Address:						
City, State, Zip:						
Phone Number:						
Supervisor's Name:						
Supervisor's Title:				Reason for leaving:		
FROM		TO		Title of Your Position:	Number of Hours worked per week:	Number of Employees you supervised:
Month	Year	Month	Year			
Salary \$ _____		<input type="checkbox"/> Hour	<input type="checkbox"/> Week	Duties of Your Position:		
		<input type="checkbox"/> Month	<input type="checkbox"/> Annual			
Company or Employer:						
Street Address:						
City, State, Zip:						
Phone Number:						
Supervisor's Name:						
Supervisor's Title:				Reason for leaving:		

APPLICANT NAME (print):	POSITION APPLIED FOR:	JOB ID#
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**EXPERIENCE (Continued)**

FROM		TO		Title of Your Position:	Number of Hours worked per week:	Number of Employees you supervised:
Month	Year	Month	Year			
Salary \$ _____		<input type="checkbox"/> Hour	<input type="checkbox"/> Week	Duties of Your Position		
		<input type="checkbox"/> Month	<input type="checkbox"/> Annual			
Company or Employer:						
Street Address:						
City, State, Zip:						
Phone Number:						
Supervisor's Name:						
Supervisor's Title:				Reason for leaving:		

  

FROM		TO		Title of Your Position:	Number of Hours worked per week:	Number of Employees you supervised:
Month	Year	Month	Year			
Salary \$ _____		<input type="checkbox"/> Hour	<input type="checkbox"/> Week	Duties of Your Position		
		<input type="checkbox"/> Month	<input type="checkbox"/> Annual			
Company or Employer:						
Street Address:						
City, State, Zip:						
Phone Number:						
Supervisor's Name:						
Supervisor's Title:				Reason for leaving:		

**Periods Of Unemployment**

1. Account for any time within the last ten (10) years for which you were not employed for any reason.

Month / Year	Month / Year	Reason:
From	To	
From	To	Reason:
From	To	Reason:
From	To	Reason:

**Related Volunteer Experience**

1. Account for any related volunteer experience within the last ten (10) years.

Month / Year	Month / Year	Title of Volunteer Position:	Number of volunteers supervised:
From	To		
Name of Organization		Your duties:	
Street Address:			
City, State, Zip:			
		Supervisor's Name And Job Title	Phone Number:
From	To	Title of Volunteer Position:	Number of volunteers supervised:
Name of Organization			
Street Address:		Your duties:	
City, State, Zip:			

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**TRAFFIC CITATIONS (Only complete for jobs requiring a valid driver license)**

List below all court convictions, including paid citations, for:

- 1) Minor traffic violations (signals, turns, stop signs, etc. excluding those where the fine or bail was \$50 or less) which occurred during the last three (3) years, and
- 2) All major violations (driving under the influence, hit & run, reckless driving, etc.) which occurred during the last seven (7) years.

Use back of this page, if necessary, using the same format.

VIOLATION	VIOLATION	VIOLATION
DATE	DATE	DATE
LOCATION	LOCATION	LOCATION
SENTENCE/FINE	SENTENCE/FINE	SENTENCE/FINE

VIOLATION	VIOLATION	VIOLATION
DATE	DATE	DATE
LOCATION	LOCATION	LOCATION
SENTENCE/FINE	SENTENCE/FINE	SENTENCE/FINE

**REFERENCES**

List three (3) individuals (Not Relatives or Employers) who are thoroughly familiar with your qualifications and personal background.

NAME	ADDRESS/E-MAIL ADDRESS	TELEPHONE	OCCUPATION

**CONDITIONS OF EMPLOYMENT, IF SELECTED**

Upon a conditional offer of employment, a pre-placement medical evaluation, drug screen (select positions), TB Screening and California Department of Justice (DOJ) Live Scan fingerprinting must be completed with acceptable results. Upon hire, employee is subject to further reporting from DOJ via subsequent arrest notification. All new employees must present proof of U.S. Citizenship or the legal right to remain and work in the U.S.

**CERTIFICATION AND WAIVER**

***Read carefully before signing***

I have read and understand the above information pertaining to this application. I hereby certify that all statements made in this application are true and complete and that misstatement of material fact will be subject to disqualification or dismissal. Furthermore, I give my consent to contact current and former employers, references and physician(s) and fully release same from any liability regarding information provided in connection with this application or subsequent employment.

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

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**VOLUNTARY STATISTICAL INFORMATION**

This information is requested to assist the City in complying with Federal and State reporting requirements. The data you provide will be detached from your application and used only for research and statistical purposes. All information in this section is confidential; no one connected with the hiring process will have access to this information.

DEMOGRAPHICS	RACE / ETHNICITY	
GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female  AGE GROUP: <input type="checkbox"/> Under 21 <input type="checkbox"/> 21 - 44 <input type="checkbox"/> 45 and over	<b>Check only one (primary) race / ethnicity</b> <input type="checkbox"/> Native American / Alaskan Native <input type="checkbox"/> Asian Or Pacific Islander <input type="checkbox"/> Black, African American <input type="checkbox"/> Hispanic <input type="checkbox"/> White, Caucasian	If multi-racial, please check all that apply <input type="checkbox"/> Native American / Alaskan Native <input type="checkbox"/> Asian Or Pacific Islander <input type="checkbox"/> Black, African American <input type="checkbox"/> Hispanic <input type="checkbox"/> White, Caucasian

**RACE / ETHNICITY DEFINITIONS**

Definitions for Race/Ethnicity as defined by the United States Equal Employment Opportunity Commission (EEOC). This information is used for reporting purposes only, as required by the EEOC.

American Native / 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.
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. (e.g., China, Japan, Korea, Samoa and the Philippine Islands)
Black, African American	(Not of Hispanic origin) All persons having origins in any of the racial groups of Africa.
Hispanic	All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
White, Caucasian	(Not of Hispanic origin) All persons having origins in the original peoples of Europe, North Africa or the Middle East.

**I FIRST LEARNED ABOUT THIS JOB OPENING THROUGH.....(check all that apply)**

<input type="checkbox"/> Culver City website <input type="checkbox"/> Job posting in Culver City Department <input type="checkbox"/> E-mail notification <input type="checkbox"/> Friend or relative <input type="checkbox"/> City employee: _____	<input type="checkbox"/> Job Fair (specify location/event name): _____ <input type="checkbox"/> Internet job posting (specify site): _____ <input type="checkbox"/> Newspaper / Magazine ad (specify): _____ <input type="checkbox"/> E-mail blast (specify sender/group): _____ <input type="checkbox"/> Other: _____
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