

City of Culver City
 Personnel Department
 9770 Culver Boulevard
 Culver City, CA 90232-0507

CITY OF CULVER CITY
APPLICATION FOR EMPLOYMENT
 PHONE (310) 253-5651
 TDD (310) 253-5647 (Hearing Impaired Only)
 An Equal Opportunity/Affirmative Action Employer



POSTION APPLIED FOR:

INSTRUCTIONS

Read the job bulletin to determine if you meet the requirements. Print in ink or use a typewriter. Answer all questions completely and accurately. Include any additional information pertaining to your qualifications for the position. False statements may be cause for rejection of the application, removal of name from eligible list or dismissal from position. All information is subject to verification, including conviction records and former employers.

LAST NAME	FIRST	MIDDLE INITIAL	Date and Time Stamp for Personnel Department Use Only:
ADDRESS: NUMBER	STREET	APT #	
CITY	STATE	ZIP CODE	
MESSAGE PHONE NUMBER	HOME PHONE	SOCIAL SECURITY # (Voluntary. Used for applicant tracking purposes only.)	
If you are related to a City employee, state name, relationship & department.			

Are you willing to work:

Full Time..... yes no
 Temporary..... yes no
 Weekends & Holidays..... yes no
 Part Time..... yes no
 Nights..... yes no

EDUCATION AND TRAINING

Circle Highest Grade Completed 1 2 3 4 5 6 7 8 9 10 11 12	Name of High School City and State	Did you graduate? <input type="checkbox"/> yes <input type="checkbox"/> no Did you earn a GED? <input type="checkbox"/> yes <input type="checkbox"/> no	
Name and Location of Trade or Vocational Schools, U.S. Military, Colleges, Universities, Apprentices or Training Programs you attended.		Number of Units Semester Quarter	Major Subjects/ Area of Study
			List Degrees or Certificates (you must attach a copy)

Do you claim Veteran's Preference? Yes No
 If Yes, proof of honorable discharge (DD214) from U.S. Armed Forces must be attached at time of application.

ONLY COMPLETE FOR JOBS REQUIRING A VALID DRIVER'S LICENSE

Do you hold a valid Driver's License? Yes No
 If Yes, please complete the information requested on the next line.

State	Class	Number	Expiration Date
-------	-------	--------	-----------------

REFERENCE

List three (3) individuals (NOT RELATIVES OR EMPLOYERS) who are thoroughly familiar with your qualifications and personal background.

NAME	ADDRESS/EMAIL ADDRESS	TELEPHONE	OCCUPATION

ADDITIONAL INFORMATION

Provide any additional information pertinent to this position. Include professional affiliations, volunteer activities, certificates of professional or vocational competence or licenses, or the ability to use specialized tools or equipment or office machines related to the job.

FOR OFFICE USE ONLY

Reviewed by	Approved by	Rejected by	Reason
Driver's License: Yes <input type="checkbox"/> No <input type="checkbox"/>	Vets verified by	Vets Points Yes <input type="checkbox"/> No <input type="checkbox"/>	Other Documents/Licenses

EXPERIENCE

- READ CAREFULLY BEFORE BEGINNING THIS SECTION -

List all periods of employment and unemployment for the last TEN years, starting with the most recent and working back. Start with present employment, including current employment with the City. Indicate any discharge or forced resignation. List periods of U.S. Military Service and previous service with the City of Culver City regardless of when they occurred. List separately different positions with the same employer. Give complete information – **A resume does not substitute for this section.** If you need additional space, please photocopy the EXPERIENCE section of the application prior to beginning or attach additional sheets, using this format only.

FROM	TO	Title of Your Position:	Number of Hours worked per week:	Number of Employees you supervised:
Month Year	Month Year			
Company or Employer:		Duties of Your Position:		
Address:				
Phone Number:				
Supervisor's Name:		Salary \$ _____		
Supervisor's Title:		Reason for leaving or wanting to leave if presently employed: <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Annual		
Are you currently Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, may we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No				

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

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

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

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

CONDITIONS OF EMPLOYMENT

Before date of hire, applicant must pass a medical examination (including a drug screen), be fingerprinted, and upon appointment be required to submit proof of U.S. Citizenship or legal right to remain and work in the U.S.

NOTE: Read carefully before signing

Thank you

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. Further, I give my consent to contact former employers, references and physicians fully release same from any liability regarding information provided in connection with this application or subsequent employment.

Signature

Date:

APPLICANT NAME (print):	POSITION APPLIED FOR:
-------------------------	-----------------------

CONVICTION RECORD (required from all applicants)

Acceptance of the application of a person convicted of a crime depends upon the nature of the conviction and the conduct of the applicant subsequent to the offense. Convictions will be evaluated on a job related basis and will not automatically disqualify some one for further consideration. Answer this section truthfully, including both minor and serious offenses of which you were convicted. Any omissions may be grounds for rejection of the application, removal from the eligible list or dismissal from position.

Have you ever been convicted or a breach or violation of any ordinance or law other than a minor traffic violation? Yes No

If yes, provide the information requested below for each conviction continuing on back of page if necessary. Be specific, give name and code number of offense, not simply misdemeanor or felony.

OFFENSE	OFFENSE	OFFENSE
DATE	DATE	DATE
LOCATION	LOCATION	LOCATION
SENTENCE/FINE	SENTENCE/FINE	SENTENCE/FINE

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

List below all court convictions for 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 all major violations (drunk driving, hit & run, reckless driving, etc.) which occurred during the last seven (7) years. Use back of this page for additional space.

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

VOLUNTARY STATISTICAL INFORMATION

This voluntary 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 purposes. All information in this section is confidential; no one connected with the hiring process will have access to this information.

NAME	DATE	AGE
MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	POSITION APPLIED FOR	

RACE/ETHNICITY	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.
<input type="checkbox"/> 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.
<input type="checkbox"/> 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. (I.E. China, Japan, Korea, Samoa and the Philippine Islands)
<input type="checkbox"/> BLACK, AFRICAN AMERICAN	(not of Hispanic origin) All persons having origins in any of the racial groups of Africa.
<input type="checkbox"/> HISPANIC	All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
<input type="checkbox"/> 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 OF THIS JOB OPENING THROUGH (Check one option only):

<input type="checkbox"/> Visited City Hall/Personnel <input type="checkbox"/> Telephoned City Hall and/or City Job Line <input type="checkbox"/> Received email notification <input type="checkbox"/> Internet advertisement (specify website name) <input type="checkbox"/> Printed advertisement (specify publication)	<input type="checkbox"/> City of Culver City Website <input type="checkbox"/> Received interest card in mail <input type="checkbox"/> Friend or Relative <input type="checkbox"/> Posted Job Bulletin/Announcement (specify location) <input type="checkbox"/> Other (please specify)
--	---