



CITY OF MONTEREY PARK
Human Resources Department
 320 West Newmark Avenue
 Monterey Park, California 91754
 (626) 307-1334
 ci.monterey-park.ca.us

EMPLOYMENT APPLICATION
FOR:

Exact Position Title

INSTRUCTIONS: Please fill this application out completely and accurately on a typewriter or print in black ink. Applications will be evaluated based on the information provided and it is the applicant's responsibility to ensure that the information is complete.

Name: _____
LAST FIRST MIDDLE

Address: _____
NUMBER AND STREET CITY STATE ZIP

Telephone: () _____ () _____ Soc.Sec. No.: _____
HOME BUSINESS

Driver's License No.: _____ State: _____ Expiration Date: _____
(if required for position)

Typing Speed: _____ Have you used computers in any former positions? Yes No
(if required for position)

List any languages other than English that you can speak and understand: _____

Do you have any relatives who are currently employed with the City of Monterey Park? Yes No

If Yes, provide name: _____ Relationship: _____

Have you ever been convicted of an offense other than a minor traffic violation? Yes No

Is so, please state nature of offense, state and disposition (convictions are evaluated for each position and are not necessarily disqualifying): _____

Do you claim Veteran's Credit for military service? () yes () no. If yes, you must provide a copy of discharge papers (DD214).

EDUCATION

High School Name/Location: _____

Circle highest year of completed schooling: 6 7 8 9 10 11 12 GED Did you graduate? Yes No

Name and location of college, business, or trade school attended.	Dates Attended	Credits Completed		Major/Subject or Course	Units Completed in Major	Degree or Certificate
		Sem	Qtr			
	From:					
	To:					
	From:					
	To:					
	From:					
	To:					
	From:					
	To:					

EXPERIENCE

List all positions held in the last ten years, paid or unpaid, beginning with your present or most recent experience. Attach additional sheets if more space is needed. By giving complete information you may improve your chances of employment. **Resumes may be attached but will not be accepted in lieu of complete answers.**

From Month/Year To Month/Year	Title of Your Position		
Name and Address of Employer	Phone #	Duties Performed	
Name of Supervisor			
Reason for Leaving	No. Supervised (if any)	No. of Hours Per Week	Salary \$ <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month
From Month/Year To Month/Year	Title of Your Position		
Name and Address of Employer	Phone #	Duties Performed	
Name of Supervisor			
Reason for Leaving	No. Supervised (if any)	No. of Hours Per Week	Salary \$ <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month
From Month/Year To Month/Year	Title of Your Position		
Name and Address of Employer	Phone #	Duties Performed	
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From Month/Year To Month/Year	Title of Your Position		
Name and Address of Employer	Phone #	Duties Performed	
Name of Supervisor			
Reason for Leaving	No. Supervised (if any)	No. of Hours Per Week	Salary \$ <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month

Additional Remarks:

The City of Monterey Park may contact my present employer for reference concerning my employment. Yes No
 The City of Monterey Park may contact my former employer(s). Yes No

Application Certification: PLEASE READ BEFORE SIGNING. I CERTIFY the statements made by me in this application are true, complete, and correct to the best of my knowledge and belief. I understand that statements made are subject to verification and that any misrepresentation, fraud, or omission of material facts may be grounds to deny City employment or for disciplinary action including dismissal after employment. I agree and understand that if I do not meet the announced requirements, I will be eliminated from the examination at whatever time this may be determined.

Signature of Applicant: _____

Date: _____

CANDIDATE ETHNIC DATA

The Equal Employment Opportunity Act requires that the City of Monterey Park keep statistical records concerning the ethnic backgrounds of prospective candidates for the purpose of judging the effectiveness of equal employment opportunity programs. **The information provided on this form is for statistical purposes only** and will not be utilized as part of the selection process.

PLEASE PRINT

Exam Title: _____ Name: _____

City of Residence: _____ Sex: Male Female Age: _____

I consider myself a member of the following racial ethnic group (check one only):

- Caucasian African-American Asian Filipino Mexican-American/Spanish Native American Other

Please indicate how you learned of this job opening:

- | | | |
|---|--|--|
| <input type="checkbox"/> Jobs Available | <input type="checkbox"/> Western Cities | <input type="checkbox"/> City Employee |
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Web Site | _____ |
| <input type="checkbox"/> Tribune | <input type="checkbox"/> City of Monterey Park | Name |
| <input type="checkbox"/> L. A. Times | <input type="checkbox"/> Cal Jobs | <input type="checkbox"/> Friend |
| <input type="checkbox"/> _____ | <input type="checkbox"/> Government Jobs | <input type="checkbox"/> Human Resources Counter |
| <input type="checkbox"/> City's Job Hotline | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |