

City of Santa Fe Springs

Employment Application



An Affirmative Action Employer
 11710 Telegraph Road, Santa Fe Springs, CA 90670-3658
 (562) 868-0511 • TDD (562) 462-0074

INSTRUCTIONS: Fill this application out carefully and completely on a typewriter or print in ink. You may use additional sheets if necessary. **SIGN YOUR NAME ON THE REVERSE SIDE OF THIS FORM.**

Application for position of: _____
 (Exact Position Title)

GENERAL BACKGROUND INFORMATION

1. Name: _____
 (Last, First, M.I.)

Address: _____
 (Number, Street, and Apt. #)

 (City, State, Zip Code + 4)

2. Telephone: Home _____ Business _____
 (Area Code) (Area Code)

3. Social Security Number: _____ 4. Driver's License Number: _____

5. Are you related to any City of Santa Fe Springs employee? Yes No
 Name of Person: _____ Relationship to you: _____

6. Have you ever worked for the City of Santa Fe Springs? Yes No

7. Can you perform the essential functions of this job with or without reasonable accommodation? Yes No

8. Mark either yes or no to the following questions:
 a. Have you ever been fired or forced to resign from a position? Yes No
 b. Have you ever been convicted of a felony? Yes No

(If "Yes" to either A or B, please explain under "Additional Remarks" on reverse side.)

A YES TO ANY OF THE ABOVE QUESTIONS WILL NOT AUTOMATICALLY DISQUALIFY THIS APPLICATION FROM FURTHER CONSIDERATION. EACH RESPONSE WILL BE REVIEWED AS IT RELATES TO THE REQUIREMENTS OF THE POSITION FOR WHICH THIS APPLICATION HAS BEEN FILED.

EDUCATION AND TRAINING

Type of School	Name & Location of School	Graduate?	Degree or Certificate	Major	Units
8. High School		<input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Trade/Technical		<input type="checkbox"/> Yes <input type="checkbox"/> No			
10. College/Univ.		<input type="checkbox"/> Yes <input type="checkbox"/> No			
11. College/Univ.		<input type="checkbox"/> Yes <input type="checkbox"/> No			
12. Post Graduate Studies		<input type="checkbox"/> Yes <input type="checkbox"/> No			

13. Specific Skills, Licenses, Registrations or Certificates Applicable to this Position:

OFFICE USE ONLY	
REC'D	DATE BY
CED NO.	
W	DATE SCORE
P	DATE SCORE
I	DATE SCORE
STATUS	

"SANTA FE SPRINGS EMPLOYEES...COURTEOUS, CAPABLE, & COMMITTED."



EXPERIENCE

14. List your last three jobs. Begin with the most recent. Also list significant job related voluntary work experiences. Use additional sheets for other jobs with related work experience.

PRESENT OR LAST
EMPLOYMENT

Employed by: _____ Position: _____
Address: _____ Supervisor: _____

From: _____ Salary: _____
Mo. Yr To Mo. Yr
Reason for Leaving: _____
Job Description _____

PREVIOUS
EMPLOYMENT

Employed by: _____ Position: _____
Address: _____ Supervisor: _____

From: _____ Salary: _____
Mo. Yr To Mo. Yr
Reason for Leaving: _____
Job Description _____

Employed by: _____ Position: _____
Address: _____ Supervisor: _____

From: _____ Salary: _____
Mo. Yr To Mo. Yr
Reason for Leaving: _____
Job Description _____

REFERENCES

15. List three individuals (not relatives) who are thoroughly familiar with your qualifications and personal background.

Name Address and Telephone Occupation

ADDITIONAL REMARKS

CERTIFICATE OF APPLICANT

I certify that all statements on this application are true and complete. I understand that any false or incomplete statements will subject me to disqualification from this examination or dismissal from any future employment with the City of Santa Fe Springs. I further understand that an appointment to this position is contingent upon successful completion of a physical examination, background/ fingerprint check, and an on-the-job probationary period.

Signature: _____ Date: _____

CANDIDATE ETHNIC DATA

C.E.D. # _____

Position Applied For: _____

The Equal Employment Opportunity Act requires that cities 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 the form is for statistical purposes **only** and will **not** be utilized as part of the selection process in any way. Please complete the following sex/ethnic data so that we can maintain complete records.

Sex: Female _____ Male _____

Ethnic Background: White _____ Black _____ Hispanic _____

Asian or Pacific Islander _____ American Indian or Alaskan Native _____ Other _____

Veterans' Preference: The City has a veterans' preference system giving preference to a United States of America veteran over other identically qualified applicants on an eligibility list. If you are a United States of America veteran, please indicate: Dates of Military Service: _____ to _____; Military Branch: _____ . **(Proof of military service will need to be made prior to appointment.)**