

APPLICATION FOR EMPLOYMENT

CITY OF LOS ANGELES PERSONNEL DEPARTMENT AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER



THIS PORTION OF THE APPLICATION IS NOT AVAILABLE TO AN INTERVIEW BOARD

1. CITY JOB (EXAMINATION) TITLE		2. CLASS CODE NO.	
3. SOCIAL SECURITY NUMBER (See Instruction G)	4. TYPE OF EXAMINATION (See Instruction B) <input type="checkbox"/> OPEN <input type="checkbox"/> PROMOTIONAL	PREFERRED CONTACT METHOD: US MAIL <input type="checkbox"/> E-MAIL <input type="checkbox"/>	
5. NAME: LAST	FIRST	MIDDLE	
6. PRESENT MAILING ADDRESS: NUMBER STREET APARTMENT		6a. HOME PHONE – Area & Number ()	6b. WORK PHONE – Area & Number ()
CITY	STATE	ZIP CODE	7. E-MAIL ADDRESS
8. P.O. BOX NUMBER CITY	9. DRIVER'S LICENSE NUMBER STATE EXPIRATION DATE	10. COMPLETE ONLY WHEN THE EXAMINATION ANNOUNCEMENT STATES AN AGE REQUIREMENT BIRTHDATE MO. DAY YR.	
8a. STATE ZIP CODE	12. YOU WILL BE REQUIRED TO SUBMIT VERIFICATION OF THE LEGAL RIGHT TO WORK IN THE UNITED STATES WITHIN THREE (3) BUSINESS DAYS BEGINNING WITH YOUR FIRST DAY OF WORK. IN ACCORDANCE WITH THE IMMIGRATION REFORM AND CONTROL ACT OF 1986. WE ARE LEGALLY PROHIBITED FROM EMPLOYING ANYONE WHO CANNOT PROVIDE SUCH VERIFICATION.		
MARK ONLY WHEN REQUIRED BY THE JOB BULLETIN			
11. ARE YOU A UNITED STATES CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO			

RESEARCH AND SPECIAL DATA. The City of Los Angeles is an Equal Employment Opportunity Employer. We request **voluntary** identification of your gender and ethnic/racial group and/or disability so that we can monitor the effectiveness of our Equal Employment Opportunity program. Completing sections 13, 14, 15 and 16 will not affect your employment.

13. WITH WHICH GENDER DO YOU MOST IDENTIFY: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary	Reasonable Accommodations: City examinations may include written tests, interviews, physical abilities tests or other processes. Reasonable accommodation will be provided to applicants who need assistance to participate in the selection process. Please review the Selection Process of the Job Bulletin for the types of tests included in this examination.
14. ETHNIC GROUP/RACE <input type="checkbox"/> African American (1) <input type="checkbox"/> Native American (5) <input type="checkbox"/> Hispanic (2) <input type="checkbox"/> Native Hawaiian or Pacific Islander (6) <input type="checkbox"/> Asian (3) <input type="checkbox"/> Two or More Races (7) <input type="checkbox"/> Caucasian (4)	
15. Do you need a reasonable accommodation to participate in the selection process? YES <input type="checkbox"/> NO <input type="checkbox"/>	
16a. If Yes, please describe the desired accommodation: _____	
16.b Have you ever been granted an accommodation for a previous City examination? YES <input type="checkbox"/> NO <input type="checkbox"/>	
You will be contacted by telephone or by mail regarding your request for reasonable accommodation. If you have not previously done so, you will be required to provide written verification from an appropriate professional confirming your disability and appropriate accommodation. Verification forms may be obtained at the Personnel Dept. or by calling 213-473-9163.	
17. RECRUITMENT RESEARCH: FOR OPEN CANDIDATES, PLEASE INDICATE WHERE YOU LEARNED ABOUT THIS JOB. CHECK ONE OR WRITE ANSWER:	
<input type="checkbox"/> NOTIFICATION CARD (A)	<input type="checkbox"/> FRIEND OR RELATIVE (B)
<input type="checkbox"/> NEWSPAPER AD (E)	<input type="checkbox"/> CAREER DAY/JOB FAIR (F)
<input type="checkbox"/> PERSONNEL DEPT. SATELLITE OFFICE (I)	<input type="checkbox"/> INTERNET (J) - PLEASE LIST WEBSITE: _____
<input type="checkbox"/> CITY BULLETIN BOARD (C)	<input type="checkbox"/> CITY EMPLOYEE (D)
<input type="checkbox"/> 24-HOUR JOBLINE (G)	<input type="checkbox"/> CHANNEL 35 CITY VIEW (H)
<input type="checkbox"/> OTHER _____	

Applicants – Do not use the space below – For Personnel Department Use Only

STAFF	DATE	J K L M N O P Q R S T	Dis. testing <input type="checkbox"/> YES	APPL. APPROVED	MIL. CREDIT
			Acc. Requested <input type="checkbox"/> NO		
a			STAFF		Test Location A B C D E F
b			DATE		
c			Does applicant fall within 6 month lacking clause <input type="checkbox"/> YES	U _____	
d			<input type="checkbox"/> NO	V _____	
e			When will applicant meet full requirements?	W _____	
f			Date: _____		
g					
h					
i					
j					
k					

18. May the Personnel Department contact **YOUR PAST EMPLOYERS** for references? Yes
 If YES, then read the following statements and sign your name on the line below. I authorize the City of Los Angeles Personnel Department to obtain employment information from any previous employer. A photostatic copy of this authorization will be considered to be as valid as the original. No

Signature _____ Date: _____

May the Personnel Department contact **YOUR PRESENT EMPLOYER** for references? Yes
 If YES, then read the following statements and sign your name on the line below: I authorize the City of Los Angeles Personnel Department to obtain employment information from my current employer. A photostatic copy of this authorization will be considered to be as valid as the original. No

Signature _____ Date: _____

19. Have you previously worked for the City of Los Angeles? If "yes", and you are not currently employed by the City, please complete the following: Yes
 No

FROM/TO: _____ Department/Class Title: _____

FROM/TO: _____ Department/Class Title: _____

20. Have you passed any examination given by the City of Los Angeles in the last two years? Yes
 No

If "yes", list examination titles and dates passed: _____

21. Have you ever been fired or asked to resign in order to avoid being fired from a job? Yes
 No

If "yes", please complete the following (List all cases except layoffs for lack of work. Attach additional sheet if necessary). (NOTE-Promotional applicants must list all **probationary terminations** while employed by the City but are not required to list terminations occurring prior to original City appointment if employed by the City for at least one year.):

Employer's Name and Address _____

Date and reason for discharge _____

22. List names used in the past, including names used in other records:

23. U.S. Military Service. To receive military service credit of 5 points, allowed by City Charter Section 1006, veterans must have served on active duty in one of the periods authorized by the Personnel Department and have been released from active duty within the previous 5 years, or present evidence of a military service connected disability. **To receive such credit you must present proof of your honorable discharge and dates of active duty and/or proof of a military service connected disability along with your application to: Personnel Department, Employment Services Section, Room 100, 700 E. Temple Street, Los Angeles, CA 90012, at the time of filing.** This proof must be shown each time you file an application. Military credit is allowed only in open examinations.

APPLICANTS - DO NOT DETACH THIS PAGE

24. CITY JOB (EXAMINATION) TITLE	25. CLASS CODE NUMBER	26. TYPE OF EXAMINATION (Same as Page 1, Space 4) <input type="checkbox"/> OPEN <input type="checkbox"/> PROMOTIONAL <input type="checkbox"/> STATUS <input type="checkbox"/> SPECIAL
27. PLEASE PRINT NAME – Last, First, Middle	28. SOCIAL SECURITY NUMBER	

HIGH SCHOOL EDUCATION:

29a. DID YOU GRADUATE FROM HIGH SCHOOL OR PASS THE GED TEST? 29b. IF UNDER 18 YEARS OF AGE, CAN YOU PROVIDE A WORK PERMIT OR A GED CERTIFICATE AFTER AN EMPLOYMENT OFFER IS MADE?

YES NO (Answer 31b) YES NO

30. SPECIAL TESTING INFORMATION IF REQUIRED IN THE EXAMINATION ANNOUNCEMENT INSTRUCTIONS:

31. ADDITIONAL EDUCATION ENTER REQUESTED INFORMATION IN ALL COLUMNS

NAME AND LOCATION OF UNIVERSITIES COLLEGES OR TRADE SCHOOLS ATTENDED	COMPLETION DATES	UNITS COMPLETED	SEMESTER	QUARTER	MAJOR SUBJECT OR COURSE	UNITS COMPLETED IN MAJOR	TITLE OF DEGREE/ CERTIFICATE RECEIVED

32. SPECIAL COURSES REQUIRED FOR THIS EXAMINATION: <table style="width:100%; border-collapse: collapse;"> <tr> <th style="width:30%;">Course Name:</th> <th style="width:10%;">Units Completed</th> <th style="width:10%;">Semester</th> <th style="width:10%;">Quarter</th> <th style="width:30%;">Name of School</th> <th style="width:10%;">Date Completed:</th> </tr> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>	Course Name:	Units Completed	Semester	Quarter	Name of School	Date Completed:																															33. SPECIAL LICENSES REQUIRED FOR THIS EXAMINATION: <table style="width:100%; border-collapse: collapse;"> <tr> <th style="width:30%;">LICENSES:</th> <th style="width:20%;">DATE ISSUED</th> <th style="width:30%;">ISSUING AGENCY:</th> <th style="width:20%;">EXPIRATION DATE:</th> </tr> <tr> <td> </td><td> </td><td> </td><td> </td></tr> <tr> <td> </td><td> </td><td> </td><td> </td></tr> </table>	LICENSES:	DATE ISSUED	ISSUING AGENCY:	EXPIRATION DATE:								
Course Name:	Units Completed	Semester	Quarter	Name of School	Date Completed:																																												
LICENSES:	DATE ISSUED	ISSUING AGENCY:	EXPIRATION DATE:																																														

34. LANGUAGE PROFICIENCY (OTHER THAN ENGLISH: INDICATE SPOKEN AND/OR WRITTEN). COMPLETE ONLY WHEN STATED ON EXAMINATION ANNOUNCEMENT.

35. SUPPLEMENTAL INFORMATION

MARK ONLY WHEN REQUIRED BY THE JOB BULLETIN.

(Attach additional sheet if necessary)

APPLICANTS – DO NOT DETACH THIS PAGE

Read and complete below – Complete work experience on page 4

The following statements are general conditions for employment. This application does not constitute an offer for employment, merely the opportunity to compete for the position. Your application is subject to review and may be rejected at any time if shown that you do not meet the qualifications specified in the bulletin for the position for which you are applying. Please read and initial the following three statements, and sign and date the application in Box 36. You **must** answer the work experience section on PAGE 4 for your application to be considered complete.

As a condition of employment for a safety-sensitive position, I may be required to undergo a drug and alcohol abuse screening test prior to appointment and I must meet background and medical standards as well. _____ Initial Here

I also understand that this application, supplements and attachments become the property of the City of Los Angeles Personnel Department. No copies of these documents shall be made available to or provided to me until the entire examination is complete. _____ Initial Here

I acknowledge my responsibility to comply with any court-ordered child support obligations and understand that as an employee of the City of Los Angeles, my name and any other pertinent information requested will be provided to the LA County District Attorney to assist in enforcement activities. _____ Initial here

I certify that all statements on this application form and attachments are true and complete to the best of my knowledge. I understand that false, misleading or incomplete information shall be sufficient cause for disqualification or dismissal and other penalties as may be prescribed by law.

36. SIGNATURE (Original in ink; pencil or photocopy not accepted.)	DATE	PERFORMANCE (Do not use until instructed to do so)
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COMPLETE THE WORK EXPERIENCE SECTION ON PAGE 4	INTERVIEW (Do not use until instructed to do so)
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**PERSONNEL DEPARTMENT
CITY OF LOS ANGELES
APPLICATION INSTRUCTIONS**

- A. If not completing the fillable on-line version of this application, please fill out this application carefully in ink. All questions must be answered completely and accurately, except items 13 - 16 (which are voluntary) or items 9 - 11 (which are completed only if specified in the job announcement). You may be disqualified for any false statement or for omitting information. We suggest you keep a copy of each application you submit.
- B. **ACCEPTANCE - Applicants who fail to submit all required information will not be considered for employment. All applications are accepted on a tentative basis subject to a later review of your employment history. If you do not meet the minimum job requirements or your work record is not acceptable, you will not be considered for employment.**
- C. VERIFICATION - The information submitted on your application is subject to verification. Applicants or new employees will be fingerprinted and disqualification may result from factors considered during review (i.e. work history and/or criminal history).
- D. SOCIAL SECURITY NUMBER (items 3 & 28) - Federal law (P.L. 93-579, Section 7) requires that you be informed when asked for your Social Security Number that this number must be provided and that it will be used for identification purposes in the City's examination, employment and payroll processes. Our authority for requesting and requiring this information is based upon certain provisions of the Internal Revenue Code, the Social Security Act as amended, and payroll and candidate application processing system procedures approved and implemented prior to June, 1984.
- E. RIGHT TO WORK (items 11, 12) - City jobs which require United States Citizenship are identified on the examination announcement. All applicants not currently employed by the City will be required to show proof of United States citizenship or the legal right to work in the United States within three business days of hire. Failure to comply with the requirements of the Immigration Reform and Control Act of 1986 within the time prescribed by the Act may result in termination.
- F. DISABILITY (items 15 and 16) - If you have a physical, mental or learning disability which may affect your ability to take the examination for which you are applying, please call our staff at (213) 473-9163, (TDD) (213) 473-9312. Special testing accommodations may be arranged if verification of the disability is provided from a doctor, rehabilitation counselor or other authority. You will be contacted to make specific arrangements. Under provision of Title I of the Americans with Disabilities Act, this information is obtained only to arrange accommodations.
- G. EDUCATION AND EXPERIENCE (items 31, 32, 33, 34, & 35) - You must list a complete record of your training and experience. If more space is needed, attach additional sheets. Read the requirements section of the Job Announcement carefully for any special application instructions for that job title. City employees must list the specific Department for which they have worked and show their civil service class titles.
- H. SIGNATURE (item 36) - This application must be signed (not printed) BY THE APPLICANT.

INSTRUCCIONES EN ESPAÑOL AL REVERSO

**DEPARTAMENTO DE PERSONAL
CIUDAD DE LOS ANGELES
INSTRUCCIONES PARA LLENAR LA SOLICITUD**

- A. Si usted no completo una aplicación por internet, por favor llene esta aplicación usando una pluma. Conteste completamente y precisamente todas las preguntas excepto preguntas 13 a 16 (cuales son voluntarias) o preguntas 9 a 11 (que deberá completar solamente sí se especifica en el anuncio del trabajo). **USTED PUEDE SER DESCALIFICADO POR INFORMACIÓN FALSA O SI DELIBERADAMENTE OMITE INFORMACIÓN.** Sugerimos que mantengan una copia de cada aplicación que entregue.
- B. ACEPTACION - Solicitantes que no logren someter toda la información requerida no serán considerados para empleo. Todas las aplicaciones son aceptadas de manera tentativa, sujetas a asesoramiento de su experiencia de empleo. Si no cumple con los requisitos mínimos del trabajo o si su experiencia de trabajo no es aceptable, no se le considerará para empleo.**
- C. VERIFICACION - La información presentada en su aplicación es sujeta a verificación. Se les tomaran huellas digitales a empleados nuevos y a solicitantes de empleo, y la descalificación puede ser el resultado de factores considerados durante el asesoramiento (por ejemplo historia de trabajo y/o antecedentes penales).
- D. NUMERO DE SEGURO SOCIAL (Espacio Nos. 3 y 28) - La ley Federal (P.L. 93-579, Sect.7) requiere que se le avise cuando su número de Seguro Social es requerido que tendrá que darlo y que éste número se usará para identificación en el proceso de examen, empleo y nomina de pago de la Ciudad. Nuestra autoridad para pedir y requerir esta información viene de ciertos reglamentos del Código de Rentas Públicas (Internal Revenue), el Acto de Seguro Social y las reglas y procedimientos de nómina de pago y aplicación que fueron aprobados antes del primero de Junio de 1984.
- E. DERECHO A TRABAJAR - (Espacio Nos. 11 y 12) Posiciones con la Ciudad de Los Angeles que requieran ciudadanía Americana son identificadas en el anuncio del examen. Solicitantes que no son empleados de la Ciudad tendrán que someter prueba de ciudadanía Americana o el derecho legal de trabajar en los Estados Unidos, dentro de tres días después de ser empleados en un puesto. Falta de cumplir con los requisitos de la Ley de Reforma y Control de Inmigración de 1986 dentro del tiempo indicado, puede resultar en descalificación.
- F. DISCAPACIDAD (Espacio Nos. 15 y 16) - Si tiene alguna discapacidad física o mental que pueda afectar su habilidad para tomar el examen que está solicitando, por favor llame a nuestro personal al (213) 473-9163 o con TDD (213) 473-9312. Al someter verificación de su médico, consejero o otra autoridad medica, será notificado sobre arreglos especiales para que pueda tomar el examen. De acuerdo con el Titulo I del Acta de Americanos con Discapacidades, esta información es requerida solamente para hacer arreglos especiales.
- G. EDUCACION Y EXPERIENCIA (Espacios Nos. 31, 32, 33, 34, y 35) - Tendrá que hacer una lista completa de su experiencia y educación. Si necesita más espacio, agregue páginas adicionales. Lea cuidadosamente la sección sobre requisitos en el anuncio de trabajo por si acaso hay instrucciones especiales para ese examen. Los empleados de la Ciudad De Los Angeles deberán especificar los departamentos en los que han trabajado y deberán indicar su título o categoría en el Servicio Civil.
- H. FIRMA (Espacio 36) - El candidato debe firmar la aplicación (no con letra de molde) con tinta.

ENGLISH INSTRUCTIONS ON REVERSE

39. **WORK EXPERIENCE: BEGIN WITH YOUR MOST RECENT JOB - LIST EACH JOB SEPARATELY.** List all jobs regardless of duration, including part-time jobs, military service and any periods of unemployment during the last ten years. Also, list volunteer experience and jobs held more than ten years ago which relate to the job for which you are applying. **City employees must use the correct civil service class title.** If you have no work experience, indicate NONE. Please Note: Incomplete information will delay the processing of your application.

DATES		EMPLOYERS	DUTIES
MONTH AND YEAR:		NAME OF CURRENT OR LAST EMPLOYER	YOUR TITLE
FROM	ADDRESS (OR CITY DEPARTMENT)		DUTIES PERFORMED
TO			
TOTAL MOS. WORKED	HRS. PER WEEK	CITY, STATE AND ZIP CODE	
PAID POSITION? YES: <input type="checkbox"/> NO: <input type="checkbox"/>		IMMEDIATE SUPERVISOR'S NAME	REASON FOR LEAVING
MONTH AND YEAR:		NAME OF CURRENT OR LAST EMPLOYER	YOUR TITLE
FROM	ADDRESS (OR CITY DEPARTMENT)		DUTIES PERFORMED
TO			
TOTAL MOS. WORKED	HRS. PER WEEK	CITY, STATE AND ZIP CODE	
PAID POSITION? YES: <input type="checkbox"/> NO: <input type="checkbox"/>		IMMEDIATE SUPERVISOR'S NAME	REASON FOR LEAVING
MONTH AND YEAR:		NAME OF CURRENT OR LAST EMPLOYER	YOUR TITLE
FROM	ADDRESS (OR CITY DEPARTMENT)		DUTIES PERFORMED
TO			
TOTAL MOS. WORKED	HRS. PER WEEK	CITY, STATE AND ZIP CODE	
PAID POSITION? YES: <input type="checkbox"/> NO: <input type="checkbox"/>		IMMEDIATE SUPERVISOR'S NAME	REASON FOR LEAVING
MONTH AND YEAR:		NAME OF CURRENT OR LAST EMPLOYER	YOUR TITLE
FROM	ADDRESS (OR CITY DEPARTMENT)		DUTIES PERFORMED
TO			
TOTAL MOS. WORKED	HRS. PER WEEK	CITY, STATE AND ZIP CODE	
PAID POSITION? YES: <input type="checkbox"/> NO: <input type="checkbox"/>		IMMEDIATE SUPERVISOR'S NAME	REASON FOR LEAVING
MONTH AND YEAR:		NAME OF CURRENT OR LAST EMPLOYER	YOUR TITLE
FROM	ADDRESS (OR CITY DEPARTMENT)		DUTIES PERFORMED
TO			
TOTAL MOS. WORKED	HRS. PER WEEK	CITY, STATE AND ZIP CODE	
PAID POSITION? YES: <input type="checkbox"/> NO: <input type="checkbox"/>		IMMEDIATE SUPERVISOR'S NAME	REASON FOR LEAVING
MONTH AND YEAR:		NAME OF CURRENT OR LAST EMPLOYER	YOUR TITLE
FROM	ADDRESS (OR CITY DEPARTMENT)		DUTIES PERFORMED
TO			
TOTAL MOS. WORKED	HRS. PER WEEK	CITY, STATE AND ZIP CODE	
PAID POSITION? YES: <input type="checkbox"/> NO: <input type="checkbox"/>		IMMEDIATE SUPERVISOR'S NAME	REASON FOR LEAVING
MONTH AND YEAR:		NAME OF CURRENT OR LAST EMPLOYER	YOUR TITLE
FROM	ADDRESS (OR CITY DEPARTMENT)		DUTIES PERFORMED
TO			
TOTAL MOS. WORKED	HRS. PER WEEK	CITY, STATE AND ZIP CODE	
PAID POSITION? YES: <input type="checkbox"/> NO: <input type="checkbox"/>		IMMEDIATE SUPERVISOR'S NAME	REASON FOR LEAVING
MONTH AND YEAR:		NAME OF CURRENT OR LAST EMPLOYER	YOUR TITLE
FROM	ADDRESS (OR CITY DEPARTMENT)		DUTIES PERFORMED
TO			
TOTAL MOS. WORKED	HRS. PER WEEK	CITY, STATE AND ZIP CODE	
PAID POSITION? YES: <input type="checkbox"/> NO: <input type="checkbox"/>		IMMEDIATE SUPERVISOR'S NAME	REASON FOR LEAVING

APPLICANTS - DO NOT DETACH THIS PAGE

