

INSTRUCTIONS FOR COMPLETING CITY OF GARDENA EMPLOYMENT APPLICATION

IMPORTANT - PLEASE READ

This Application form may be printed. Please note that an original application and signature must be submitted (mailed or delivered in person) to the City of Gardena Human Resources Office (photocopies and FAX copies WILL NOT be accepted.)

This Application is the initial part of the examination process. Read the job bulletin thoroughly and apply for the position only if you feel reasonably certain that you meet the requirements. TYPE OR PRINT RESPONSES IN INK AND FILL OUT APPLICATION COMPLETELY. Clearly state your qualifications. If a question does not apply to you, enter "N/A". Incomplete or illegible applications may be disqualified. A SEPARATE APPLICATION FORM IS REQUIRED FOR EACH POSITION. Documents submitted with the application will not be returned. Please avoid any reference to religion, politics, race, sex, age or other non-job related traits. Notify the Human Resources Office promptly if you have a change of address, phone or employer. RESUMES WILL NOT BE ACCEPTED IN LIEU OF COMPLETED APPLICATIONS, BUT MAY BE ATTACHED AS ADDITIONAL INFORMATION.



EMPLOYMENT APPLICATION CITY OF GARDENA

Human Resources Office
Phone (310) 217-9509 / (310) 217-9688
1700 West 162nd Street
Gardena, California 90247-3778
www.ci.gardena.ca.us

FOR OFFICE USE ONLY

Rec'd. ___/___/___ Accept ___/___/___
REJECTED: Late Inc. Lic.
Educ. Exp. Skills Cert.
Final Filing Date ___/___/___

EQUAL OPPORTUNITY EMPLOYER The City of Gardena does not discriminate on the basis of race, religion, color, national origin, ancestry, disability, marital status, age, sex or sexual orientation.

Position Title: _____
(USE EXACT TITLE AS APPEARS ON JOB BULLETIN. JOB BULLETIN AVAILABLE FROM THE HUMAN RESOURCES OFFICE.)

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LAST NAME		FIRST NAME		INITIAL	LAST 4 DIGITS OF SOCIAL SECURITY NO.
CURRENT RESIDENCE:	STREET NUMBER	STREET NAME		APT. NO.	
CITY	STATE	ZIP CODE	EMAIL ADDRESS		
PHONE NUMBERS: DAY (____) _____ EVENING (____) _____ CELL (____) _____			DRIVER'S LICENSE NO. _____ STATE _____ CLASS _____ EXPIRATION DATE _____		

1. Have you the legal right to work permanently in the United States? Yes No
2. If under 18 years, do you have a work permit? Yes No
3. What language(s) [other than English] do you comprehend and speak fluently? _____
4. Are there any reasons why you would not be able to perform the essential job functions of the position for which you are applying?
 Yes No If yes, could you perform the essential job functions with an accommodation? Yes No
(According to the Americans with Disabilities Act (ADA), disabilities are irrelevant except for purposes of discussing the forms of accommodation which might enable the applicant to do the job. All qualified individuals will be considered for the position, whether or not an accommodation is required. **NOTE: If you require an accommodation in order to fully participate in the application and testing process, please attach a request for the type of accommodation required or contact the Human Resources Office directly to discuss.**)
5. Have you ever worked for the City of Gardena? Yes No If yes, in what position? _____
6. Do you have any relatives presently working for the City of Gardena? Yes No
If yes, please give name, relationship, position and Department _____
(Please call Human Resources Office to determine if this would affect your eligibility for employment in this position.)

EDUCATION AND EXPERIENCE

Refer to Job Bulletin for the position for which you are applying. List specific education, training, license, certificate and experience relevant to the position. Only those applications indicating the required combination of education and training will be accepted for further consideration for employment.

EDUCATION Indicate highest grade completed: (1-12) _____	HIGH SCHOOL GRADUATE OR <input type="checkbox"/> Yes PASSED HIGH SCHOOL EQUIVALENCY TESTS <input type="checkbox"/> Yes (Attach Copy of G.E.D.)
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NAME OF EDUCATIONAL INSTITUTION, TRADE OR SERVICE SCHOOL	LOCATION	COURSE OF STUDY	DEGREE/DATE

CERTIFICATES OF PROFESSIONAL OR VOCATIONAL COMPETENCE, LICENSES, MEMBERSHIP IN PROFESSIONAL ASSOCIATIONS:

MILITARY SERVICE U.S. Armed Forces: Yes No IF YES, COMPLETE THE SECTION BELOW:

Do you wish to claim Veteran's Credit? Yes No List experience and skills obtained while in active duty:

EXPERIENCE
 Begin with your most recent experience. List all experience in the last five (5) years. Give details on the experience which you believe meets the entrance requirements for this position. Go back more than ten years if necessary. Also, list any volunteer experience which you feel helps you meet the requirements of the job for which you are applying. Show actual time (number of hours / weeks) spent in such experience - enter "Volunteer" in the space following salary.

PERIOD OF EMPLOYMENT	JOB TITLE and most important duties performed if applicable. Use actual title	EMPLOYER'S NAME ADDRESS AND PHONE
FROM: Mo. _____ Yr. _____ TO: Mo. _____ Yr. _____ TOTAL Yrs. _____ Mos. _____ Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Hours per Week _____ Salary \$ _____	TITLE _____ DUTIES _____ _____ _____ Reason for Leaving _____	_____ _____ _____ _____ NAME OF SUPERVISOR _____
FROM: Mo. _____ Yr. _____ TO: Mo. _____ Yr. _____ TOTAL Yrs. _____ Mos. _____ Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Hours per Week _____ Salary \$ _____	TITLE _____ DUTIES _____ _____ _____ Reason for Leaving _____	_____ _____ _____ _____ NAME OF SUPERVISOR _____
FROM: Mo. _____ Yr. _____ TO: Mo. _____ Yr. _____ TOTAL Yrs. _____ Mos. _____ Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Hours per Week _____ Salary \$ _____	TITLE _____ DUTIES _____ _____ _____ Reason for Leaving _____	_____ _____ _____ _____ NAME OF SUPERVISOR _____

MAY WE CONTACT YOUR PRESENT EMPLOYER? YES NO

If No, explain _____

WORK RELATED REFERENCES List three individuals (NOT RELATIVES)

NAME	ADDRESS	TELEPHONE	OCCUPATION
		()	
		()	
		()	

I hereby certify that all answers and statements made in this application are, to the best of my knowledge, true and complete. I agree and understand that any misstatement of material fact contained in this application will cause me to forfeit all rights of employment with the City of Gardena. I hereby authorize the City of Gardena to make any necessary inquiries to verify the information contained herein. I also understand that appointment to the position is conditioned on verification of the right to work in the United States, and satisfactory completion of a medical examination, fingerprint and background checks and other bonafide job conditions for the position for which I have applied.

SIGNATURE _____ **DATE** _____

WE RESPECTFULLY REQUEST THAT YOU COMPLETE THE EQUAL EMPLOYMENT OPPORTUNITY PORTION CONTAINED HEREIN, ATTACH THIS SHEET TO YOUR ORIGINAL, SIGNED EMPLOYMENT APPLICATION FORM, AND MAIL OR DELIVER IN PERSON TO THE CITY OF GARDENA HUMAN RESOURCES OFFICE.

EQUAL EMPLOYMENT OPPORTUNITY PROGRAM

The City of Gardena is an Equal Opportunity Employer. To further its commitment to equal opportunity employment and to prepare reports required by law for the State and Federal Government, the City requests each applicant voluntarily provide the following information. This information will be confidential and will NOT be used to make employment decisions. Your cooperation is appreciated.

EXACT TITLE as it appears on the Job Bulletin: _____

APPLICATION CLOSING DATE (if known); see Job Bulletin: _____

SEX: Male Female

How did you become aware of this employment opportunity?

AGE: Under 18 18-39 40 And Over

Mark all that are applicable: _____ (specify)

CHOOSE THE ETHNIC GROUP with which you most closely identify and mark the box provided. (Refer to the bottom of this sheet for definitions.)

White Black Asian / Pacific Islander

City Job Bulletin Newspaper Ad _____

City Web Site Cable TV Ad _____

Hispanic American Indian / Alaska Native

City Job HOTLINE Another City or Agency _____

Friend / Relative _____

EQUAL EMPLOYMENT OPPORTUNITY PROGRAM

Ethnic / racial definitions are those prescribed by the Equal Employment Opportunity Commission.

1. The category "**White**" (not of Hispanic origin): All persons having origins in any of the original people of Europe, North Africa or the Middle East.
2. The category "**Black**" (not of Hispanic origin): All persons having origins in any of the Black racial groups of Africa.
3. The category "**Hispanic**": All persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.
4. The category "**Asian or Pacific Islanders**": All persons having origins in any of the original peoples of the Far East, South-east Asia, the Indian Subcontinent or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands and Samoa.
5. The category "**American Indian or Alaskan Native**": All persons having origins in any of the original peoples of North America, and who maintain cultural identification through affiliation or community recognition.

DEFINITION OF A DISABILITY: A person is disabled if he or she has a physical or mental impairment which substantially limits one or more major life activities, has a record of such impairment or is regarded as having such impairment.

**CITY OF GARDENA
HUMAN RESOURCES**

The City of Gardena is an Affirmative Action Employer. To demonstrate that we meet equal employment opportunity requirements, periodically we must report statistical information about applicants and employees to the California and United States Government. This information will be kept separate and confidential and will not be used in any way to make any employment decision.