

1040 El Campo Drive Pasadena, CA 91107 Phone: 626-287-5238 Fax: 626-795-7061

## **EMPLOYMENT APPLICATION** Instructions: \* This application is part of the examination process. \* Type of print clearly and in dark ink. \* Answer all questions completely and correctly. \* Legible photocopies/fax copies are acceptable. Position for which you are applying: Your Name **Social Security Number** Last First Middle Your Address Number Street City State Zip **Telephone Numbers** Home ( Other ( ) **Driver License Number** Expiration (Mo/Yr) State Is the driver license presently restricted, suspended, or revoked? Yes (Subject to verification) \_\_\_\_ Yes \_ No If you are under the age of 18, can you, after employment, provide a valid work permit? Can you, after employment, submit verification of your legal right to work in the United States? \_\_\_\_ Yes \_\_\_\_ No Do you have relatives who are permanent District employees? \_\_\_\_ Yes \_\_\_ No Do you have any physical condition or limitation which will require special testing arrangements? \_\_\_\_ Yes \_\_\_ No If yes, please explain Have you ever been convicted of a felony? (A conviction may not necessarily be disqualifying.) Yes \_\_ No If yes, please provide a written explanation in a sealed envelope addressed to the General Manager. I understand, speak, read and/or write the following language(s): (Indicate) Education Circle Highest Grade Completed: High School/Equiv. 13 14 15 16 17 18 19 or More A. List all educational diplomas and/or degrees received which are pertinent to this application. High School/College Major Subject Diploma/Degree B. List all coursework and/or special training which you feel is pertinent to this application. Institution Course Title **Units Completed**

C. Professional Licenses or Certificates obtained which are pertinent to this application.					
Title		Gran	ting Agency	T	Date Expires
D. Marking and Ottom Organization Children and Children		l' 4'			
D. Machine or Other Special Skills which are pertinent to this application.					
Employment History Chay your most recent position first, then list other positions in order working healt from					
Employment History Show your most recent position first, then list other positions in order, working back from					
most recent. Account for all time (including military service) for at least the past ten (10) years. Include all paid and unpaid experience which you feel qualifies you for this position. Use additional sheets, if necessary. Do not use					
entries such as "See Resume" in place of completing this section.					
Present/Most Recent Position:	<u> </u>	From (Mo/Yr)	To (Mo/Yr)	Hrs per Week	,
					\$ per
Employer					
Name	Address	I	City	State	Zip
Type of Business or Organization:		Immediate	Supervisor's	Name/Title	Telephone Number
Describe Related Duties (Including number/type of employees supervised, if applicable):					
2 3 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5					
Reason for Leaving:					
Most Recent/Previous Position:		From (Mo/Yr)	To (Mo/Yr)	Hrs per Week	
					\$ per
Employer					
Name	Address	1	City	State	Zip
Type of Business or Organization:		Immediate	Supervisor's	Name/Title	Telephone Number
Describe Related Duties (Including number/type of employees supervised, if applicable):					
Reason for Leaving:					
Next Previous Position:		From (Mo/Yr)	To (Mo/Yr)	Hrs per Week	Earnings
THORE I TEVIOUS I OSILIOII.		1 10111 (1010/11)	10 (1010/11)	ina bei week	\$ per
Employer			<u> </u>	<u> </u>	1+ 601
Name	Address		City	State	Zip
Type of Business or Organization:	,	Immediate	Supervisor's		Telephone Number
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Describe Related Duties (Including number/type of employees supervised, if applicable):					
Reason for Leaving:					
May we check your Qualifications?	Present Employer?	Yes	No Past E	mployer(s)?	Yes No
The information contained on this application is correct to the best of my knowledge. I understand that falsification,					
omission, or misstatement of information may result in refusal to hire or, if hired, dismissal from employment.					
Employers listed in this application are authorized to give any and all information concerning my prior employment.					
Signature		Date			