



City of Cerritos

Employment Application Form

Human Resources Division • P.O. Box 3130, Cerritos, CA 90703-3130 • (562) 860-0311 • cerritos.us



Title of Position	Job Number
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Please type or print in ink. Incomplete, illegible or unsigned applications may lead to disqualification.

GENERAL INFORMATION

Last Name		First Name		Middle	
Address		City		State	Zip Code
Home Phone ()	Are you over 18 years of age? Yes <input type="checkbox"/> No <input type="checkbox"/>	Driver's License Number		Driver's License State	
Cell Phone ()		Expiration Date			
Social Security Number - -	If hired, can you show proof of age? Yes <input type="checkbox"/> No <input type="checkbox"/>	Can you, after employment, submit verification of your legal right to work in the United States?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
<i>Your Social Security Number is used for identification purposes only</i>					
Has your driver's license ever been suspended or revoked? <i>Required for positions which require driving</i>		Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, please explain:		
Is there any reason why you cannot perform the essential functions of the position?		Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, what is the reasonable accommodation that you are requesting to be able to perform the essential functions of the position?		
Are you related to any current City of Cerritos employee?		Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, please list the name of relative and relationship:		
Have you ever applied before to work for the City?		Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, please indicate when and what position:		
Have you ever been fired or forced to resign from a position?		Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, please explain:		

EDUCATION AND TRAINING

High School

Name	Location	Did you graduate or receive a G.E.D.?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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Colleges, Universities, Trade or Technical Schools

Name	Location	Major/Field of Study	Degree Received
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Special Qualifications

List licenses, certificates and/or registrations required for this job.

Title	Date Issued	Date Expires	Number
Title	Date Issued	Date Expires	Number
Typing Speed	Shorthand	Computer Software	

EMPLOYMENT HISTORY

Begin with current or most recent work or relevant volunteer experience, accounting for periods of unemployment exceeding three months. Military experience may be excluded except experience which involves skills for the position for which you are applying. Experience gained more than ten years ago can be excluded unless pertinent to the position opening. Print additional sheets if necessary.

From Mo. / Yr.	Job Title	Employer	Phone Number ()
To Mo. / Yr.	Duties	Address	
Total Years/Months		City	State Zip
Total Weekly Hours		Name and Title of Supervisor	
Starting Salary		May we contact your present employer if you are among the finalists for this position? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Current Salary		Reason for leaving your present or last position	
From Mo. / Yr.	Job Title	Employer	Phone Number ()
To Mo. / Yr.	Duties	Address	
Total Years/Months		City	State Zip
Total Weekly Hours		Name and Title of Supervisor	
Ending Salary		Reason for leaving your present or last position	
From Mo. / Yr.		Job Title	Employer
To Mo. / Yr.	Duties	Address	
Total Years/Months		City	State Zip
Total Weekly Hours		Name and Title of Supervisor	
Ending Salary		Reason for leaving your present or last position	

PROFESSIONAL REFERENCES

List two individuals, not related to you, who would have knowledge about your qualifications for the position for which you are applying, such as current or former co-workers, teachers, etc. Do not repeat names of supervisors listed under Employment History.

Name	Business	Years Acquainted
Address	City	State Zip Phone Number ()
Name	Business	Years Acquainted
Address	City	State Zip Phone Number ()

SIGNATURE

I hereby certify that all statements on this application are true and complete and that any misstatement or omission of material facts will subject me to disqualification or dismissal. I am aware that a complete background check will be conducted on both my work and criminal history and eligibility to work in the United States prior to employment and that a photograph of me may be required at time of hire. I agree to undergo a pre-placement physical examination and fully understand that employment is contingent upon meeting the City's physical requirements. I hereby authorize any of my former employers, references, schools or any person to furnish the City of Cerritos their record of my schooling, my services, reasons for my leaving their employ, and all other information they may have concerning me whether or not on record. I hereby release the City of Cerritos and their agents, my former employers, their agents, or any other references from all liability for any damages, whatsoever, in furnishing said information.

Signature of Applicant

Date