



# CITY OF LA HABRA HEIGHTS

## APPLICATION FOR EMPLOYMENT

Personnel Department  
1245 N. Hacienda Road La Habra Heights, CA 90631  
Phone: (562)694-6302

READ JOB ANNOUNCEMENT BEFORE PROCEEDING  
PLEASE TYPE OR PRINT

1. POSITION TITLE	CHECK	ACCEPT	REJECT	INITIALS AND DATE
	<input type="checkbox"/> OPEN			
	<input type="checkbox"/> PROM			

	3. YOUR E-MAIL ADDRESS
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4. NAME:

FIRST	MIDDLE	LAST
OTHER NAME(S) USED IN EMPLOYMENT:		

5. ADDRESS:

NUMBER	STREET	CITY	STATE	ZIP CODE
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6. TELEPHONE:	7. DO YOU HAVE DRIVER'S LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO
HOME / CELL / BUSINESS	LIC NO. STATE EXP DATE CLASS

8. Do you speak any language other than English?  YES  NO OTHER LANGUAGES \_\_\_\_\_

9. How did you learn about this job opening? (You may check more than one box)

City Employee     School     Job Website     City Website

Bulletin Board     State Employment Office     Ad or New Story in \_\_\_\_\_

10. Can you, after employment, submit verification of your legal right to work in the United States?  YES  NO  
If no, can you submit a valid work permit?  YES  NO

11. If a License or Certificate is required for this position, list those which you possess and give dates of expirations.  
Lic. or Cert. \_\_\_\_\_ Date Issued \_\_\_\_\_ Date Expires \_\_\_\_\_

12. Please describe any pertinent skills or training you have in such things as typing (WPM), shorthand, computers (hardware and software), and machine or equipment operation.

\_\_\_\_\_

\_\_\_\_\_

13. If the position for which you are applying has a minimum age requirement, please answer the following questions.  
Are you at least eighteen (18) years of age?  YES  NO    Are you at least twenty-one (21) years of age?  YES  NO

**A "YES" ANSWER TO ANY OF THE NEXT 3 QUESTIONS REQUIRES AN EXPLANATION.**

14. Have you ever been employed by the City of La Habra Heights?  YES  NO From \_\_\_\_\_ To \_\_\_\_\_ Dept. \_\_\_\_\_  
Are you related to anyone currently employed by the City of La Habra Heights?  YES  NO Name: \_\_\_\_\_  
Have you ever been fired or asked to resign?  YES  NO (If YES to any of these questions, attach additional sheet if necessary.)

# CITY OF LA HABRA HEIGHTS / APPLICATION FOR EMPLOYMENT

NAME: \_\_\_\_\_

## EDUCATION:

16. Name of Last Grade, Junior or Senior High Attended \_\_\_\_\_  
 Location (City and State) \_\_\_\_\_ High School Diploma?  YES  NO  
 Highest Grade Completed \_\_\_\_\_ GED Certificate?  YES  NO

**Complete this section even if you are attaching a resume.**

17. List Names and Locations of All Colleges and Universities Attended (Attach additional sheet in necessary)

Name of College or University	City	State	Major & Minors	No. of Units Earned	Sem. or Qtr.	Degree or Certificate Received

18. List Names and Locations of Business or Trade Schools Attended. Include any related courses and training which may qualify you for the position. (Attach additional sheet in necessary)

Name of School	City	State	Titles of Courses	No. of Units Earned	Sem. or Qtr.	Other Type	No.

## EXPERIENCE:

**Complete this section even if you are attaching a resume.**

19. List all jobs you have held in the last ten years beginning with your present or most recent job. Include earlier experience which may qualify you for the position including military service and volunteer work. By giving complete information you may improve your chances for employment. (Attach additional sheet in necessary)

PAYROLL TITLE (For each title use a separate section)	FROM	TO	TOTAL YRS	MO	SALARY
	DUTIES				
EMPLOYER					
EMPLOYER'S ADDRESS	HRS PER WK		SUPERVISOR / PHONE NO.		
	REASON FOR LEAVING				NUMBER SUPERVISED
CITY	STATE				

# CITY OF LA HABRA HEIGHTS / APPLICATION FOR EMPLOYMENT

NAME: \_\_\_\_\_

## EXPERIENCE: (CONTINUED)

PAYROLL TITLE (For each title use a separate section)	FROM	TO	TOTAL YRS MO	SALARY
EMPLOYER	DUTIES			
EMPLOYER'S ADDRESS	HRS PER WK	SUPERVISOR / PHONE NO.		
CITY STATE	REASON FOR LEAVING		NUMBER SUPERVISED	

PAYROLL TITLE (For each title use a separate section)	FROM	TO	TOTAL YRS MO	SALARY
EMPLOYER	DUTIES			
EMPLOYER'S ADDRESS	HRS PER WK	SUPERVISOR / PHONE NO.		
CITY STATE	REASON FOR LEAVING		NUMBER SUPERVISED	

PAYROLL TITLE (For each title use a separate section)	FROM	TO	TOTAL YRS MO	SALARY
EMPLOYER	DUTIES			
EMPLOYER'S ADDRESS	HRS PER WK	SUPERVISOR / PHONE NO.		
CITY STATE	REASON FOR LEAVING		NUMBER SUPERVISED	

PAYROLL TITLE (For each title use a separate section)	FROM	TO	TOTAL YRS MO	SALARY
EMPLOYER	DUTIES			
EMPLOYER'S ADDRESS	HRS PER WK	SUPERVISOR / PHONE NO.		
CITY STATE	REASON FOR LEAVING		NUMBER SUPERVISED	

## CERTIFICATE OF APPLICANT

I have read and understand all the information contained in this application. I authorize the release of information concerning my qualifications, character, or prior employment record to the City of La Habra Heights through inquiries to any sources, except as noted under Section 17 (Experience). I certify that all statements in this application are true and complete; that there are no misrepresentations, falsifications, or omissions of material fact and I am aware that any misstatements or omissions of material fact may cause rejection of my application, disqualification from competing for, or discharge from any employment in this jurisdiction. Furthermore, I may be required to submit verification of any information provided on this application. I understand that as a condition of employment I may be required to take and pass a background check, reference check, and medical examination, which may include a drug screen.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_