



City of
Arcadia

EMPLOYMENT APPLICATION

Equal Opportunity Employer

Administrative Services Department, Human Resources Division, 240 West Huntington Drive
Post Office Box 60021, Arcadia, CA 91066-6021, (626) 574-5405, T.D.D. (626) 447-4609

Exact title of position for which you are applying:

INSTRUCTIONS: This application is part of your total evaluation for the position you are applying for. Answer all questions completely and accurately. If additional space is needed, attach additional sheets. All statements are subject to verification. Please type or print legibly in ink.

BACKGROUND INFORMATION

LAST NAME	FIRST NAME	MIDDLE	
NUMBER & STREET ADDRESS	CITY	STATE	ZIP CODE
HOME PHONE	BUSINESS/CELL PHONE	EMAIL ADDRESS	
DRIVER'S LICENSE: Check box of valid Driver's License you have: <input type="checkbox"/> Class C (auto) <input type="checkbox"/> Class A (heavy trucks, tractor/trailer, fire vehicle) <input type="checkbox"/> Class B (buses, fire vehicle) <input type="checkbox"/> Class M (motorcycle) <input type="checkbox"/> Other _____		DRIVER LICENSE NUMBER: _____ STATE: _____ EXPIRATION DATE: _____	

	YES	NO
■ Have you ever been employed by the City of Arcadia?	<input type="checkbox"/>	<input type="checkbox"/>
■ Have you ever been a member of the California Public Employees' Retirement System (CalPERS)?	<input type="checkbox"/>	<input type="checkbox"/>
■ Do you have any relatives employed by the City of Arcadia? If yes, list name(s) and relationship(s) below.	<input type="checkbox"/>	<input type="checkbox"/>
■ Have you ever been discharged or forced to resign from any position because of misconduct or unsatisfactory performance? If yes, list below the employer, reason for discharge and date.	<input type="checkbox"/>	<input type="checkbox"/>
■ Do you have any mental or physical disabilities for which you may need special testing arrangements (as defined in the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1991*)? If so, please explain below in order to allow sufficient time to make arrangements.	<input type="checkbox"/>	<input type="checkbox"/>
■ Having read the job announcement which lists the essential functions of the position, are you able to perform these functions with or without reasonable accommodation? If no, please explain below.	<input type="checkbox"/>	<input type="checkbox"/>
■ If hired, can you provide a birth certificate, proof of U.S. citizenship, or other documentation to establish your legal right to work in the United States? If no, please explain below.	<input type="checkbox"/>	<input type="checkbox"/>

Explanation to Questions: _____

CERTIFICATE OF APPLICATION: (Please read completely before signing)

I authorize representatives from the City of Arcadia to investigate all statements contained in this application form. I authorize previous employers, personal references, or any other persons(s), except as otherwise set forth in writing by me, to give any and all information relevant to my employment.

I understand that my employment is conditional upon me passing a medical examination and that any misrepresentation or omission of facts requested shall be cause for non-hiring and dismissal from City employment at any time.

I understand that my employment is subject to a satisfactory reference check; fingerprinting subject to Labor Code Section 1051, and review of State summary criminal history information consistent with Arcadia Municipal Code Section 1500*.

I understand that if I am employed by the City in the classified service (all employees except those designated as "at-will"), I will be employed on a probationary status test period. I may be removed at any time for any reason permitted by law. I understand that once I have successfully completed the probationary period, I may be dismissed for cause pursuant to the rules and procedures set forth in the City Personnel Rules & Regulations. "At-will" employees can be dismissed for any legal reason without cause.

Signature _____

Date _____

* Available upon request at the Human Resources Office

EDUCATION

Circle highest grade completed 1 2 3 4 5 6 7 8 9 10 11 12	Name & location of high school _____ _____	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	If not, do you have a GED Certificate? Yes <input type="checkbox"/> No <input type="checkbox"/> Currently Attending <input type="checkbox"/>		
Name & locations of ALL colleges, universities, business or trade schools attended _____ _____ _____	Currently Attending? Y/N _____ _____ _____	Full or Part-time _____ _____ _____	Number of Units _____ _____ _____	Major or Subject _____ _____ _____	Degree or Certificate _____ _____ _____

EXPERIENCE

Title & number of license, certificate or credential, if required for this job: _____

List equipment you are able to operate related to this job: _____

Begin with your present or most recent job. List all jobs, and any periods of unemployment, in the last ten (10) years. Include any military service and self-employment. Also, list any jobs you held more than ten (10) years ago which relate to the duties of the position you are applying for. List any volunteer experience which relates to this job. If additional space is required, please attach additional sheets as necessary.

RESUMES WILL NOT BE ACCEPTED IN PLACE OF A COMPLETED APPLICATION.

Do you object to having your present employer contacted? YES NO

From: Month _____ Year _____ To: Month _____ Year _____ Name and Address of Employer: _____ _____ _____ Name of Supervisor: _____ Reason for Leaving: _____	Title of Your Position: _____ Duties You Performed: _____ _____ _____ _____ No. Supervised (if any): _____ Hours Worked Per Week: _____ Salary \$ _____ Hour <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/>
From: Month _____ Year _____ To: Month _____ Year _____ Name and Address of Employer: _____ _____ _____ Name of Supervisor: _____ Reason for Leaving: _____	Title of Your Position: _____ Duties You Performed: _____ _____ _____ _____ No. Supervised (if any): _____ Hours Worked Per Week: _____ Salary \$ _____ Hour <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/>
From: Month _____ Year _____ To: Month _____ Year _____ Name and Address of Employer: _____ _____ _____ Name of Supervisor: _____ Reason for Leaving: _____	Title of Your Position: _____ Duties You Performed: _____ _____ _____ _____ No. Supervised (if any): _____ Hours Worked Per Week: _____ Salary \$ _____ Hour <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/>

CITY OF ARCADIA
APPLICATION CONVICTION SUPPLEMENT

POSITION APPLIED FOR: _____

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP _____

Have you ever been convicted, including a plea of guilt or no contest which resulted in a criminal conviction of a crime? Conviction of a felony and/or misdemeanor will not necessarily result in automatic disqualification but will be considered in light of the factors relating to the conviction. Failure to give complete and accurate information may be grounds for rejection of this application, removal of your name from the eligibility list or dismissal from your position.

Exclude misdemeanor convictions for marijuana-related offenses more than two (2) years old; notwithstanding any of the preceding, you should not disclose convictions that are over two years old as of date that you complete this application for violation of Health and Safety Code sections 11357, 11360, 11364, 11365 or 11550, as those statutes relate to marijuana prior to January 1, 1976 or a statutory predecessor to those statutes.

Please Note: Persons applying for jobs as Law Enforcement Recruit, Law Enforcement Recruit (Pre-Service), Reserve Police Officer or Police Officer (Lateral) must disclose marijuana related offenses more than two (2) years old. Prohibition listed above does not apply.

YES _____ NO _____

If YES, explain below. This includes, but is not limited to: Driving Under the Influence (DUI) and possession of illegal or controlled substances. Do not include minor traffic violations or expunged criminal convictions.

1. MISDEMEANOR _____ FELONY _____

TYPE OF OFFENSE _____

DATE _____ LOCATION/COURT OF JURISDICTION _____

LEGAL DISPOSITION _____

2. MISDEMEANOR _____ FELONY _____

TYPE OF OFFENSE _____

DATE _____ LOCATION/COURT OF JURISDICTION _____

LEGAL DISPOSITION _____

YOU MUST GIVE A COMPLETE REPORT OF ALL CONVICTIONS.
IF NECESSARY, ATTACH ADDITIONAL SHEETS TO LIST ALL CONVICTIONS.

SIGNATURE _____

DATE _____

VOLUNTARY APPLICANT INFORMATION

For the purpose of research and statistical data collection, the City requests your cooperation in voluntarily completing this form. This information will be used to comply with federal and state reporting requirements and to evaluate the effective use of our advertising. A separate, confidential file is established for these forms, and none of the information will be used to discriminate against, or give preference to any individual in any personnel transaction.

NAME: _____ DATE: _____

POSITION APPLIED FOR: _____

A. _____ MALE _____ FEMALE

B. PLEASE CHECK ONE OF THE FOLLOWING:

_____ WHITE (Not of Hispanic origin): All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

_____ BLACK (Not of Hispanic origin): All persons having origins in any of the black racial groups of Africa.

_____ HISPANIC: All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

_____ ASIAN OR PACIFIC ISLANDER: All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands, and Samoa.

_____ AMERICAN INDIAN OR ALASKAN NATIVE: All persons having origins in any of the peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

C. Do you have a mental or physical disability, which substantially limits one or more major life activities?

_____ YES _____ NO

If yes, please inform us of special assistance or accommodations you may require in the selection process: _____

D. What is your age today? _____

E. How did you learn of this vacancy?

_____ City Job Announcement/Flyer

_____ City Website

_____ Friend/Relative or Referral

_____ Other _____

_____ Interest Card

_____ Jobs Available

_____ Walk-In

THIS IS NOT PART OF THE SELECTION PROCESS