



City of South El Monte

EMPLOYMENT APPLICATION

1415 N. SANTA ANITA AVENUE
 SOUTH EL MONTE, CA 91733
 Telephone (626) 579-6540
 www.ci.south-el-monte.ca.us

IMPORTANT INSTRUCTIONS:

Please read the announcement to determine if you possess the necessary qualifications. Type or print clearly in ink. Answer all questions accurately and completely. All statements in your application are subject to verification and incorrect or incomplete statements may bar or remove you from employment. Additional information may be placed on separate sheet(s).

POSITION APPLYING FOR:

1. PERSONAL DATA

Name: _____
 (Last, First, Middle)

Address: _____
 (Street, City, State, Zip Code)

Home Telephone: _____ Cell: _____ Business: _____ Email: _____

List friends, acquaintances or relatives employed by the City of South El Monte: _____

If relative, what is the relationship? _____

2. EDUCATION AND TRAINING

Circle Highest Grade Completed: _____ Name & Location of Last Grade or School Attended: _____
 1 2 3 4 5 6 7 8 9 10 11 12 _____ Graduated? Yes No
 GED? Yes No

Name & Location of College, University, Business School, or Other	# of Units Completed	Sem.	Qtr.	Major	Degree/Cert Received
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		

List other training, special qualifications and/or job-related skills or certificates: _____

List any Language, other than English, that you speak fluently: _____

List any Professional Memberships: _____

Name: _____

3. EXPERIENCE

List five years of experience beginning with the most recent. Include all experience (paid or volunteer) which specifically relates to the position for which you are applying. Candidates may submit additional information relevant to the specific job to assist in the evaluation of qualifications, if they choose to do so.

From:	Job Title:	Employed By:
To:	Your Duties:	Address:
Total (Yrs, Mos):		Supervisors Name:
Hrs Per Week:		Telephone #:
Reason for Leaving:		May we contact your employer <input type="checkbox"/> Yes <input type="checkbox"/> No
From:	Job Title:	Employed By:
To:	Your Duties:	Address:
Total (Yrs, Mos):		Supervisors Name:
Hrs Per Week:		Telephone #:
Reason for Leaving:		May we contact your employer <input type="checkbox"/> Yes <input type="checkbox"/> No
From:	Job Title:	Employed By:
To:	Your Duties:	Address:
Total (Yrs, Mos):		Supervisors Name:
Hrs Per Week:		Telephone #:
Reason for Leaving:		May we contact your employer <input type="checkbox"/> Yes <input type="checkbox"/> No
From:	Job Title:	Employed By:
To:	Your Duties:	Address:
Total (Yrs, Mos):		Supervisors Name:
Hrs Per Week:		Telephone #:
Reason for Leaving:		May we contact your employer <input type="checkbox"/> Yes <input type="checkbox"/> No

Name: _____

4. Additional Data

1. Are you at least 18 years old? Yes No
2. Have you ever been employed by City of South El Monte? Yes No
 - a. If yes, when? _____
 - b. What was your reason for leaving? _____

List three Professional References:

1. Name: _____ Phone: _____
Email: _____
Where did you work together? _____ Occupation _____
Years affiliated or acquainted _____
2. Name: _____ Phone: _____
Email: _____
Where did you work together? _____ Occupation _____
Years affiliated or acquainted _____
3. Name: _____ Phone: _____
Email: _____
Where did you work together? _____ Occupation _____
Years affiliated or acquainted _____

5. CERTIFICATION

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery. Furthermore, if hired, I understand that I will be required to submit verification of legal authority to work in the United States, complete the state law required loyalty oath and submit verification of information provided on this application or required in the job description and announcement.

Signature: _____ Date: _____



CITY OF SOUTH EL MONTE
Human Resources Department

Voluntary Self-Identification and Recruitment Information Form

The City of South El Monte is required by federal law to maintain the following information on all applicants. The requested information is voluntary. It will not affect the consideration of your resume/application for employment. This form will be processed separately from your resume/application. We appreciate your cooperation.

Name: _____ Date: _____

Position Applying For: _____

Sex (please check): Female Male

Ethnic Category (as defined by the U.S. Equal Employment Opportunity Commission)

- American Indian or Alaskan Native:** Includes all persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition.
- Asian or Pacific Islander:** Includes all persons having origins in any of the original peoples of the Far East, Southeast Asia, the Pacific Islands, or the Indian Subcontinent. This area includes China, Japan, Korea, Samoa, and the Philippine Islands.
- Black:** Includes all non-Hispanic persons having origins in any of the Black racial groups of Africa.
- Hispanic:** Includes all persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- White:** Includes all non-Hispanic or non-Black persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

How did you hear about this position?

- City Website**
- Jobs Available**
- Western City Magazine**
- University Posting**
- Other (please specify):** _____