



# APPLICATION FOR EMPLOYMENT

## City of Rolling Hills

INCORPORATED JANUARY 24, 1957

2 PORTUGUESE BEND ROAD • ROLLING HILLS, CA 90274 • (310) 377-1521 • FAX (310) 377-7288

*Please type or print using dark ink.*

*The City of Rolling Hills is an equal opportunity employer. We do not discriminate on the basis of race, sex (including pregnancy, childbirth, breastfeeding, or related medical conditions), color, national origin, ancestry, sexual orientation, religion, religious creed, age, physical or mental disability, marital status, legally protected medical condition, gender, gender expression, gender identity, genetic information, military or veteran status, or any other basis as defined by state, federal or local law. The City provides reasonable accommodation to qualified individuals with disabilities in both the hiring process and during employment as required by applicable federal, state and local laws.*

TITLE OF JOB FOR WHICH YOU ARE APPLYING: \_\_\_\_\_

NAME: \_\_\_\_\_  
FIRST MIDDLE LAST

OTHER NAMES USED IN EMPLOYMENT: \_\_\_\_\_  
FIRST MIDDLE LAST

ADDRESS: \_\_\_\_\_  
NUMBER STREET CITY, STATE ZIP CODE

TELEPHONE: \_\_\_\_\_  
HOME OTHER

Can you, after hire, submit verification of your legal right to work in the United States?  Yes  No

If hired, would you have a reliable means of transportation to and from work?  Yes  No

Are you at least 18 years old? (If under 18, hire is subject to verification that you are of minimum legal age.)  Yes  No

If a License or Certificate is required for this position, list those which you possess and provide expiration dates.

License or Certificate \_\_\_\_\_ Date Issued: \_\_\_\_\_ Expiration \_\_\_\_\_

After reviewing the essential functions from the job description, are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation?

Yes  No

If no, describe the functions that cannot be performed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*(Note: We comply with the Americans With Disabilities Act and the Fair Employment and Housing Act, and will provide applicants and employees with reasonable accommodations that may be necessary for eligible applicants/employees to perform essential functions.)*

Have you ever been fired or asked to resign? If yes, please explain. (Attach additional sheet if necessary)  Yes  No

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# EDUCATION

Name of Last Grade, Junior or Senior High School Attended: \_\_\_\_\_

Location (City and State): \_\_\_\_\_

GED Certificate?  Yes  No

Circle Highest Grade Completed 1 2 3 4 5 6 7 8 9 10 11 12

High School Diploma?  Yes  No

List Names and Locations of All Colleges, Universities and Trade Schools Attended (Attach additional sheets if necessary.)

NAME OF SCHOOL	LOCATION (CITY, STATE)	AREA OF STUDY/ MAJOR	# OF YEARS COMPLETED	DEGREE/ CERTIFICATE RECEIVED

Do you have any other experience, training, qualifications, or skills that you feel make you especially suited for work with the City of Rolling Hills?  Yes  No If yes, please explain:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## EMPLOYMENT HISTORY

Please list your last ten years of work experience, starting with your most recent employer. All sections except "Duties" must be filled in even if resume is attached. Please begin with your most recent job. (Attach additional sheets if necessary.) Account for any period of unemployment.

Dates of Employment (Month, Year)

From: \_\_\_\_\_ To: \_\_\_\_\_

Title of Position: \_\_\_\_\_

Duties: \_\_\_\_\_

Name and Address of Employer: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

Phone: \_\_\_\_\_

Name & Title of Your Supervisor: \_\_\_\_\_

Reason for Leaving (be specific): \_\_\_\_\_

Number You Supervised: \_\_\_\_\_ Current employer?  Yes  No

May we contact your employer?  Yes  No If no, explain: \_\_\_\_\_

Dates of Employment (Month, Year)

From: \_\_\_\_\_ To: \_\_\_\_\_

Title of Position: \_\_\_\_\_

Duties: \_\_\_\_\_

Name and Address of Employer: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

Phone: \_\_\_\_\_

Name & Title of Your Supervisor: \_\_\_\_\_

Reason for Leaving (be specific): \_\_\_\_\_

Number You Supervised: \_\_\_\_\_ May we contact your employer?  Yes  No If no, explain: \_\_\_\_\_

## EMPLOYMENT HISTORY, cont.

---

Dates of Employment (Month, Year)

From: \_\_\_\_\_ To: \_\_\_\_\_

Name and Address of Employer: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Name & Title of Your Supervisor: \_\_\_\_\_

Number You Supervised: \_\_\_\_\_ May we contact your employer?  Yes  No If no, explain: \_\_\_\_\_

---

Title of Position: \_\_\_\_\_

Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving (be specific): \_\_\_\_\_  
\_\_\_\_\_

Dates of Employment (Month, Year)

From: \_\_\_\_\_ To: \_\_\_\_\_

Name and Address of Employer: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Name & Title of Your Supervisor: \_\_\_\_\_

Number You Supervised: \_\_\_\_\_ May we contact your employer?  Yes  No If no, explain: \_\_\_\_\_

---

Title of Position: \_\_\_\_\_

Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving (be specific): \_\_\_\_\_  
\_\_\_\_\_

Dates of Employment (Month, Year)

From: \_\_\_\_\_ To: \_\_\_\_\_

Name and Address of Employer: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Name & Title of Your Supervisor: \_\_\_\_\_

Number You Supervised: \_\_\_\_\_ May we contact your employer?  Yes  No If no, explain: \_\_\_\_\_

---

Title of Position: \_\_\_\_\_

Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving (be specific): \_\_\_\_\_  
\_\_\_\_\_

## REFERENCES

List below three persons not related to you who have knowledge of your work performance within the last three years:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ # of Years Acquainted: \_\_\_\_\_

Address: \_\_\_\_\_ Occupation: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ # of Years Acquainted: \_\_\_\_\_

Address: \_\_\_\_\_ Occupation: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ # of Years Acquainted: \_\_\_\_\_

Address: \_\_\_\_\_ Occupation: \_\_\_\_\_

## CERTIFICATE OF APPLICANT

---

Please read each paragraph carefully, initial each paragraph, and sign below. Your initials signify that you have read, understood and agreed to the provisions initialed.

The City of Rolling Hills takes very seriously false or misleading information provided by applicants on a job application, resume, and other application related materials, including statements made in job interviews. Any representation made by a job applicant that contains false or misleading information, or omits significant information, will result in the City's refusal to hire the applicant or, if discovered after employment commences, will be grounds for immediate termination of employment. My initials below, and signature on this application, certify that this application was completed by me, all statements made on or in connection with this application are true and correct, and I understand and agree that any misstatement or omission of material fact may cause forfeiture on my part of all rights to employment by this City.

Initial Here: \_\_\_\_\_

I hereby authorize the employers and references I have listed to provide information to the City relevant to my application for employment, including information regarding my current and/or previous employment. In addition, I hereby agree to release all persons, schools, and employers of any and all claims, demands or liabilities arising out of, or in any way related to such disclosure. If the City, in the course of conducting a background check, obtains information about me that is a matter of public record, I understand that I am entitled to a copy of the related public record(s), as required by California law.

Initial Here: \_\_\_\_\_

By checking this box, I waive my right to receive a copy of public records, as described above. Initial Here: \_\_\_\_\_

I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the City. In addition, I understand and agree that if I am employed, my employment is for not definite or determinable period, and that no promises or representations contrary to the foregoing are binding on the City unless made in writing and signed by me and the City's designated representative.

Initial Here: \_\_\_\_\_

Date: \_\_\_\_\_ Signature \_\_\_\_\_