

Employment Application

City of Agoura Hills

30001 Ladyface Court Agoura Hills, CA 91301 Phone (818) 597-7300 Fax (818) 597-7352

THE CITY OF AGOURA HILLS IS AN EQUAL OPPORTUNITY EMPLOYER. Type or print using black or dark blue ink. This application must be completed in full. A separate application must be completed for each position. All statements are subject to verification. If you move, you must notify the Personnel Department in writing of your new address and phone number

Exact title and position for which your are appling for:							
Last Name	First Name	Middle	Email Address		() Home telephone number		
Street Number and Stre	et Name (or P.O. Box)			() Business telephone number		
City		State	Zip Code	() Cell Phone			
Do you possess a valid	driver's license?	Yes	No If yes, pleas	e complete the follo	owing:		
Issuing State	I	icense Number:	Expirati	on Date:	Class:		
Language	<u>Bilingual</u>	Language Skills Language		Office skills (c	omputer / computer program)		
Speak Write Translate		Speak Write Translate					
High School		if you possess one of th	College (1 t	grade completed (1 hru 4 years) te work (years)	thru 12)		
Colleges, Universities Schools	, Vocational, Techinic Attended	al City/State	Major or Course of Study	Total Units Complet Sem. Qtr			
]		
					ם		
Title and number of lice Title:	cense, certificates or credential relevant to this Number:		position. Attach a copy of a Issued By:		eation. iration date:		
			d non-discrimination on the bas ng and selection process should				

Applicant Name		Position you are applying for:					
	EMPI	LOYME	NT H	ISTORY			
completely to all information requested in this se necessary to fully describe related experience, tra	ction. List all experien	nce, includin	g voluntee	r and military.	lace of a completed application form. Respond Additional sheets may be attached to this application, ir responsibility to make a copy of your completed		
application form and attachements.	I						
Business agency name and address	Dates emplo	yed:			Job Title:		
	From: To:				# of people supervised: Duties:		
	Total:	Years		Month			
Phone:	Hours (per wk)	Tears		Wionu			
Supervisor's name:	Final Salary	\$					
May we contact your employer?		Hourly		Monthly	Reason for leaving:		
Yes No		110411)		1,10111111			
Business agency name and address	Dates emplo	yed:			Job Title:		
	From:	•			# of people supervised:		
	To:				Duties:		
	Total:	Years		Month	ıs		
Phone:	Hours (per wk)						
Supervisor's name:	Final Salary	\$					
May we contact your employer?		Hourly		Monthly	Reason for leaving:		
Yes No							
Business agency name and address	Dates emplo	yed:			Job Title:		
	From:				# of people supervised:		
	To:				Duties:		
	Total:	Years		Month	IS .		
Phone:	Hours (per wk)						
Supervisor's name:	Final Salary		_	3.6 .11	D 0 1 :		
May we contact your employer?		Hourly	ш	Monthly	Reason for leaving:		
Yes No	Dotos amulo	d.			Job Title:		
Business agency name and address	Dates emplo From:	yea:					
	To:				# of people supervised: Duties:		
	Total:	Years		Month			
Phone:	Hours (per wk)	Tears		Wionu	15		
Supervisor's name:	Final Salary	\$			+		
May we contact your employer?		Hourly		Monthly	Reason for leaving:		
Yes No		110411)		1.1011111			
Business agency name and address	Dates emplo	ved:			Job Title:		
	From:	<i>J</i>			# of people supervised:		
	To:				Duties:		
	Total:	Years		Month	IS		
Phone:	Hours (per wk)						
Supervisor's name:	Final Salary	\$					
May we contact your employer?		Hourly		Monthly	Reason for leaving:		
Yes No							
A 1 114 1 T C 4 17 17 1 1 1	a any comments tha	t show furt	her auali	fication for th	nis position.		
Additional Information: You may include	e any comments tha	i sito ii jui ii	ic. quitty	recurrent jor u	r · · · · · · ·		

Applicant Name:	Position you are applying for:						
	EMPLOYMENT APPLICATION NOTICES Please read carefully, initial each paragraph and sign below						
	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 on 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.						
	I hereby authorize the City of Agoura Hills to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the City of Agoura Hills any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition I hereby release my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure						
	Should a search of public records (including records documenting an arrest, indictment, conviction, civil judicial action, tax lien or outstanding judgment) be conducted by internal personnel employed by the City of Agoura Hills, I am entitled to copies of any such public records obtained by the City of Agoura Hills unless I mark the check box below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below.						
	I waive receipt of a copy of any public record described in the paragraph above.						
	I understand that if I am determined to meet the minimum qualifications for the position and am selected to participate in the interview process of the recruitment, I may be required to complete a supplementary questionnaire regarding my conviction history. No applicant will be denied employment solely on the basis of conviction of a criminal offense, except as required by law. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position applied for may, however, be considered. Some applicants may be required to be fingerprinted.						
	In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.						
	Date Applicants signature						