



Employment Application

City of Agoura Hills

30001 Ladyface Court
Agoura Hills, CA 91301
Phone (818) 597-7300
Fax (818) 597-7341

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 applying for: _____

Last Name	First Name	Middle	Email Address	()
				Home telephone number
Street Number and Street 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, please complete the following:

Issuing State: _____ License Number: _____ Expiration Date: _____ Class: _____

<u>Bilingual Language Skills</u>		Office skills (computer / computer program)
Language _____	Language _____	
Speak <input type="checkbox"/>	Speak <input type="checkbox"/>	
Write <input type="checkbox"/>	Write <input type="checkbox"/>	
Translate <input type="checkbox"/>	Translate <input type="checkbox"/>	

EDUCATION: Check the appropriate box if you possess one of the following: List highest grade completed (1 thru 12)

High School Diploma GED Certificate College (1 thru 4 years)

California Proficiency Certificate Post graduate work (years)

Colleges, Universities, Vocational, Technical Schools Attended	City/State	Major or Course of Study	Total Units Completed	Sem.	Qtr.	Degree or Certificate
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		

Title and number of license, certificates or credential relevant to this position. Attach a copy of any required certification.

Title:	Number:	Issued By:	Expiration date:

Disable applicants: The City of Agoura Hills provides employment rights and non-discrimination on the basis of disability, as established in the American with Disabilities Act of 1990. Requests for reasonable accommodations in the testing and selection process should be directed to the City Manager's Office at (818) 597-7304.

Applicant Name _____

Position you are applying for: _____

EMPLOYMENT HISTORY

PLEASE LIST YOUR MOST RECENT EMPLOYMENT FIRST. Resumes will not be accepted in place of a completed application form. Respond completely to all information requested in this section. List all experience, including volunteer and military. Additional sheets may be attached to this application, if necessary to fully describe related experience, training, and education. Do not write "See Resume". It is your responsibility to make a copy of your completed application form and attachments.

Business agency name and address _____ _____ _____	Dates employed: From: _____ To: _____ Total: Years <input type="text"/> <input type="text"/> Months Hours (per wk) _____	Job Title: _____ # of people supervised: _____ Duties: _____ Reason for leaving: _____
Phone: _____ Supervisor's name: _____ May we contact your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	_____ _____ _____	_____ _____ _____
Business agency name and address _____ _____ _____	Dates employed: From: _____ To: _____ Total: Years <input type="text"/> <input type="text"/> Months Hours (per wk) _____	Job Title: _____ # of people supervised: _____ Duties: _____ Reason for leaving: _____
Phone: _____ Supervisor's name: _____ May we contact your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	_____ _____ _____	_____ _____ _____
Business agency name and address _____ _____ _____	Dates employed: From: _____ To: _____ Total: Years <input type="text"/> <input type="text"/> Months Hours (per wk) _____	Job Title: _____ # of people supervised: _____ Duties: _____ Reason for leaving: _____
Phone: _____ Supervisor's name: _____ May we contact your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	_____ _____ _____	_____ _____ _____
Business agency name and address _____ _____ _____	Dates employed: From: _____ To: _____ Total: Years <input type="text"/> <input type="text"/> Months Hours (per wk) _____	Job Title: _____ # of people supervised: _____ Duties: _____ Reason for leaving: _____
Phone: _____ Supervisor's name: _____ May we contact your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	_____ _____ _____	_____ _____ _____
Business agency name and address _____ _____ _____	Dates employed: From: _____ To: _____ Total: Years <input type="text"/> <input type="text"/> Months Hours (per wk) _____	Job Title: _____ # of people supervised: _____ Duties: _____ Reason for leaving: _____
Phone: _____ Supervisor's name: _____ May we contact your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	_____ _____ _____	_____ _____ _____

Additional Information: You may include any comments that show further qualification for this position.

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