

# 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 posi  | tion for which your are a   | ppling for:                                 |  |   |                                  |
|---|---|---|--|---|----------------------------------|
| Last Name   | First Name  | Middle                                      | Email Address                            |   | ( )<br>Home telephone number     |
| Street Number and St  | reet Name (or I   | P.O. Box)                                   |  |   | ( )<br>Business telephone number |
| City  |   | State                                       | Zip Code                                 |   | ( )<br>Cell Phone                |
| Do you possess a vali   | d driver's license?   | Yes   | No If yes, pleas                         | se complete the follow                                      | /ing:                            |
| Issuing State   | Lice  | nse Number:                                 | Expirat                                  | ion Date:   | Class:                           |
| Language  | <u>Bilingual La</u>   | nguage Skills<br>Language                   |  | Office skills (cor  | nputer / computer program)       |
| Speak<br>Write<br>Translate   |   | Speak<br>Write<br>Translate                 |  |   |                                  |
| High Schoo  | eck the appropriate box if y<br>ol Diploma C<br>Proficiency Certificate | ou possess one of the fo<br>GED Certificate | College (1                               | t grade completed (1 t<br>thru 4 years)<br>ate work (years) | hru 12)                          |
| -   | es, Vocational, Techinical<br>ols Attended                              | City/State                                  | Major or Course<br>of Study              | Total Units Completed<br>Sem. Qtr.                          | Degree or Certificate            |
|   |   |   |  |   |                                  |
|   |   |   |  |   |                                  |
|   |   |   |  |   |                                  |
| Title and number of license, certificates or credential rel<br>Title: Number: |   | ntial relevant to this pos                  | ition. Attach a copy of an<br>Issued By: |   | n.<br>tion date:                 |
| Disable applicants: Th  | e City of Agoura Hills provides   | employment rights and no                    | n-discrimination on the basis            | of disability, as established                               | ed 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 attachements.

| Business agency name and address        | Dates employed:   | Job Title:              |  |
|---|---|-------------------------|--|
|   | From:   | # of people supervised: |  |
|   | То:   | Duties:                 |  |
|   | Total: Years Months                                       |                         |  |
| Phone:                                  | Hours (per wk)  |                         |  |
| Supervisor's name:                      |   |                         |  |
| May we contact your employer?           |   | Reason for leaving:     |  |
| Yes No                                  |   |                         |  |
| Business agency name and address        | Dates employed:   | Job Title:              |  |
|   | From:   | # of people supervised: |  |
|   | То:   | Duties:                 |  |
|   | Total: Years Months                                       |                         |  |
| Phone:                                  | Hours (per wk)  |                         |  |
| Supervisor's name:                      |   |                         |  |
| May we contact your employer?           |   | Reason for leaving:     |  |
| Yes No                                  |   |                         |  |
| Business agency name and address        | Dates employed:   | Job Title:              |  |
| , ,                                     | From:   | # of people supervised: |  |
|   | То:   | Duties:                 |  |
|   | Total: Years Months                                       |                         |  |
| Phone:                                  | Hours (per wk)  |                         |  |
| Supervisor's name:                      |   |                         |  |
| May we contact your employer?           |   | Reason for leaving:     |  |
| Yes No                                  |   | Ŭ                       |  |
| Business agency name and address        | Dates employed:   | Job Title:              |  |
|   | From:   | # of people supervised: |  |
|   | То:   | Duties:                 |  |
|   | Total: Years Months                                       |                         |  |
| Phone:                                  | Hours (per wk)  |                         |  |
| Supervisor's name:                      |   |                         |  |
| May we contact your employer?           |   | Reason for leaving:     |  |
| Yes No                                  |   |                         |  |
| Business agency name and address        | Dates employed:   | Job Title:              |  |
|   | From:   | # of people supervised: |  |
|   | То:   | Duties:                 |  |
|   | Total: Years Months                                       |                         |  |
| Phone:                                  | Hours (per wk)  |                         |  |
| Supervisor's name:                      |   |                         |  |
| May we contact your employer?           |   | Reason for leaving:     |  |
| Yes No                                  |   |                         |  |
| Additional Information: You may include | e any comments that show further qualification for this p | osition.                |  |
|   |   |                         |  |
|   |   |                         |  |
|   |   |                         |  |

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 (with the exception of salary history), 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



# Supplemental Questionaire

## **City of Agoura Hills**

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| Last Name                         | First Name                    | Email Address | Home telephone no.   |
|-----------------------------------|-------------------------------|---------------|--|
| Street number and street name     | (or P.O. Box)                 |               | Business telephone no.   |
| City                              | State                         | Zip Code      | Email Address  |
|                                   |                               |               | ated offenses for personal use more than two<br>r which probation was completed and the case |
| A "yes answer does not automatica | lly disqualify your from empl | oyment.       |  |
| Yes                               | No                            |               |  |
| If yes, please describe:          |                               |               |  |
|                                   |                               |               |  |
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