



CITY OF IRWINDALE

APPLICATION FOR EMPLOYMENT Equal Opportunity Employer

Our mission is to provide excellent public service and responsible leadership with honor and integrity for the comfort, safety and convenience of the citizens, customers and businesses seeking services from the City of Irwindale.

PERSONAL INFORMATION

Position applied for _____

Name _____
Last First Middle

Home Phone _____ Business/Cell Phone _____

Address _____
No. Street City State Zip

Social Security Number _____

Are you eligible for employment in the U.S.? Yes ___ No ___
If hired, you are required to submit proof of your eligibility to work in the U.S.

Are you over the age of eighteen? Yes ___ No ___
If no, hiring is subject to verification that you are of minimum legal age.

Were you previously employed by us? Yes ___ No ___ If yes when? _____

Have you ever been convicted of any charges, other than minor traffic citations?
Yes ___ No ___ If yes, please explain: _____

Note: Conviction of a misdemeanor or felony will not necessarily result in automatic disqualification for the position.

Do you have any relatives employed by the City of Irwindale?
Yes ___ No ___ If yes, please list names and relationship below:

Are there any other job-related experiences, or qualifications which will be of special benefit in the job for which you are applying?

RECORD OF EDUCATION

	Name and Address of School	Course of Study	Did you Graduate?	List Diploma or Degree
High School				
College				
Other (Specify)				

In the space below, list present and past employment, beginning with your most recent job. If additional space is required, please attach additional sheets as necessary.

RESUMES WILL NOT BE ACCEPTED IN PLACE OF A COMPLETED APPLICATION

Name and Address of Employer	From	To	Monthly Salary	No. Supervised	Reason for leaving
	Describe the work you did:				
Telephone					
Name of Supervisor					
Title of Your Position					
May we contact your present employer? Yes ____ No ____					

Name and Address of Employer	From	To	Monthly Salary	No. Supervised	Reason for leaving
	Describe the work you did:				
Telephone					
Name of Supervisor					
Title of Your Position					

Name and Address of Employer	From	To	Monthly Salary	No. Supervised	Reason for leaving
	Describe the work you did:				
Telephone					
Name of Supervisor					
Title of Your Position					

PLEASE READ AND SIGN BELOW

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

Signature of Applicant: _____

Date: _____