



Application for Employment CITY OF MANHATTAN BEACH

AN EQUAL OPPORTUNITY EMPLOYER
1400 HIGHLAND AVENUE, MANHATTAN BEACH,
CALIFORNIA 90266 (310) 802-5250

FOR OFFICE USE ONLY

- ACCEPTED DATE NOTICE MAILED: _____
- REJECTED DATE NOTICE MAILED: _____
- EXPERIENCE
- EDUCATION
- OTHER

TIME REC'D _____ DATE _____

INSTRUCTIONS:

- PLEASE TYPE OR PRINT CLEARLY IN INK.
- Answer all questions completely and accurately
- Incomplete or illegible applications will not be considered
- Incorrect or false statements are cause for rejection or dismissal
- Be specific when listing information which meets the job requirements.

From what source did you learn of this position?

- Newspaper (Name): _____
- Personal Inquiry at City Hall
- Job Interest Card
- Job Bulletin at: _____
- City Website www.citymb.info
- Other (Describe): _____

APPLICATION FOR: (Please give exact position title) EXAM NO.: TELEPHONE NUMBERS:
Home: () - Work: () -

APPLICANT'S FULL NAME: OTHER NAMES CURRENTLY OR PREVIOUSLY USED:

LAST, FIRST, MIDDLE PLEASE INDICATE FIRST, MIDDLE OR LAST NAME

PRESENT ADDRESS:

STREET CITY STATE ZIP CODE

SOCIAL SECURITY NUMBER: - -	CAN YOU SUBMIT A BIRTH CERTIFICATE OR OTHER PROOF OF U.S. CITIZENSHIP OR PROOF OF RESIDENT ALIEN STATUS IF SELECTED FOR HIRE? YES <input type="checkbox"/> NO <input type="checkbox"/>	IF THIS JOB REQUIRES A DRIVER'S LICENSE, DO YOU HAVE A VALID CALIFORNIA DRIVER'S LICENSE? YES <input type="checkbox"/> NO <input type="checkbox"/>
MINIMUM SALARY ACCEPTABLE:		NUMBER _____ CLASS _____

HAVE YOU EVER WORKED FOR THE CITY OF MANHATTAN BEACH?
YES NO If YES, in what department? _____

DO YOU HAVE ANY RELATIVES CURRENTLY EMPLOYED BY THE CITY OF MANHATTAN BEACH?
YES NO If YES, give name, department and relationship: _____

PERSON TO NOTIFY IN CASE OF AN EMERGENCY:

NAME ADDRESS TELEPHONE NUMBER

PLEASE LIST ANY MACHINES OR EQUIPMENT YOU CAN OPERATE RELATED TO THIS POSITION:

DO YOU HAVE ANY SPECIAL EXPERIENCES, SKILLS OR QUALIFICATIONS WHICH YOU BELIEVE WOULD ESPECIALLY CONTRIBUTE TO THE POSITION APPLIED FOR?

WERE YOU EVER DISCHARGED, REJECTED DURING PROBATION OR HAVE YOU RESIGNED UNDER PRESSURE OR UNFAVORABLE CIRCUMSTANCES FROM ANY EMPLOYMENT:

YES NO If YES, please explain: _____

A. HAVE YOU EVER BEEN CONVICTED BY ANY COURT OF ANY OFFENSE? YES NO If YES, please explain below

YOU MAY ONLY OMIT: (1) Traffic violations for which the fine imposed was \$30 or less. (2) Any offense which was finally adjudicated in a Juvenile Court or under the Youth Offender Law. (3) Any incident that has been sealed under Welfare and Institutions Code Section 781 or Section 1203.45. (4) Convictions for certain marijuana offenses that are more than two years old, pursuant to Labor Code Section 432.8 – contact Human Resources to obtain a list of convictions which can be omitted from the application.

B. HAS YOUR DRIVER'S LICENSE EVER BEEN SUSPENDED OR REVOKED? YES NO If YES, please explain below

If your answer to A or B is YES, list all offenses, giving date, location, nature, and disposition for each. Use additional sheets if necessary.

DO YOU CLAIM VETERAN'S CREDIT FOR WARTIME (12/7/41 to 12/31/46; 6/27/50 to 1/31/55; 8/5/64 to 5/7/75; or 8/2/90 to 4/10/91) SERVICE?

YES NO If YES, give SERIAL NUMBER _____ BRANCH _____

DATES OF ACTIVE SERVICE _____ TO _____ YOU MUST PROVIDE A COPY OF DISCHARGE PAPERS (DD214)

FOR POLICE OFFICER POSITIONS ONLY:

ARE YOU AT LEAST 21 YEARS OLD? YES NO

ARE YOU A CITIZEN OF THE UNITED STATES OF AMERICA? YES NO

EDUCATION AND EXPERIENCE

Please read the qualifications section on the Employment Opportunity Bulletin before filling out this side.

EDUCATION

Circle highest level of education completed:

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 +

High School Graduate?

YES NO

Passed High School Equivalency Test?

YES NO

Name and Location (City, State) of College or University, Business Correspondence, Trade or Service Schools	Field of Study (Major)	Completed		DEGREE (Indicate type)
		Semester Units	Quarter Units	

CERTIFICATES OF PROFESSIONAL OR VOCATIONAL COMPETENCE, LICENSES, MEMBERSHIPS IN PROFESSIONAL ASSOCIATIONS: _____

EXPERIENCE

MUST BE FILLED OUT COMPLETELY! Begin with your most recent experience. List all experience within the last ten years, including U.S. military service and periods of unemployment. Give details on the experience which you believe meets the entrance requirements for this position. Go back more than ten years if necessary. Also, list any volunteer experience which you feel helps you meet the requirements for the job. Resumes may be submitted in addition to your application, but the information below must be completed. **Use extra sheets of paper if necessary**, including the same information categories requested below.

Employed FROM: TO: TOTAL: YRS MOS	Title of Your Position:	Number of hours worked per week:	Number of employees you supervised:
Employer:	Duties of Your Position:		
Address:			
Telephone Number: () -			
Supervisor's Name:	Reason for leaving or wanting to leave if presently employed:	Salary: \$ per <input type="checkbox"/> Month <input type="checkbox"/> Week <input type="checkbox"/> Hour	
Currently Employed? YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, may we contact your present employer? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Employed FROM: TO: TOTAL: YRS MOS	Title of Your Position:	Number of hours worked per week:	Number of employees you supervised:
Employer:	Duties of Your Position:		
Address:			
Telephone Number: () -			
Supervisor's Name:	Reason for leaving:	Salary: \$ per <input type="checkbox"/> Month <input type="checkbox"/> Week <input type="checkbox"/> Hour	
Employed FROM: TO: TOTAL: YRS MOS	Title of Your Position:	Number of hours worked per week:	Number of employees you supervised:
Employer:	Duties of Your Position:		
Address:			
Telephone Number: () -			
Supervisor's Name:	Reason for leaving:	Salary: \$ per <input type="checkbox"/> Month <input type="checkbox"/> Week <input type="checkbox"/> Hour	
Employed FROM: TO: TOTAL: YRS MOS	Title of Your Position:	Number of hours worked per week:	Number of employees you supervised:
Employer:	Duties of Your Position:		
Address:			
Telephone Number: () -			
Supervisor's Name:	Reason for leaving:	Salary: \$ per <input type="checkbox"/> Month <input type="checkbox"/> Week <input type="checkbox"/> Hour	

READ CAREFULLY BEFORE SIGNING:

I hereby certify that all statements made in this application are true and complete to the best of my knowledge and belief. I authorize the City of Manhattan Beach to investigate my qualifications, employment record or character through inquiries to any sources mentioned in this application, unless otherwise stated in this application, and I understand and agree that any misstatements or omissions of material fact herein may cause forfeiture on my part of all rights to employment by the City of Manhattan Beach.

I further agree to be fingerprinted, to submit to a complete medical examination by a City physician, to sign an oath of office, and to furnish such proof of education and citizenship or legal right to work in this country as may be required as a condition of employment. Completion of these conditions does not imply an offer of employment.

SIGNATURE: _____ **DATE:** _____



City Hall 1400 Highland Avenue Manhattan Beach, CA 90266-4795

Telephone (310) 802-5000 FAX (310) 802-5001 TDD (310) 546-3501

To Whom It May Concern:

Re: Name _____

Social Security No. _____

The individual referenced above is being considered for the position of _____ exam number _____ with the City of Manhattan Beach. In accordance with California Assembly Bill No. 2778 which amended Section 47 of the Civil Code relating to liability, employers are protected from tortious liability when responding to references for perspective employers when the information provided is based upon fact and not malice.

The signed release below authorizes you to provide us with information concerning the applicant's employment with you.

Sincerely,

Human Resources Department

RECORD INQUIRY WAIVER

"I hereby authorize any former employer, its employees and representative, or any person listed as a reference to provide all relevant information regarding my employment and job performance to the City of Manhattan Beach, and any of its employees, representatives, and agents. This information may be provided either verbally or in writing.

In addition to authorizing the release of all information regarding my employment which is relevant to an evaluation of my qualifications for employment, I hereby waive any rights or claims I have or may have, past, present, or future, known or unknown, against any former employer, its employees and representatives, or former educational institution from all liability, claims, or damages that may directly or indirectly result from the use, disclosure, or release of such information by said person or party, whether or not such information is favorable or unfavorable to me. I also agree that a photographic copy of this waiver is as valid as the original."

Applicant's Signature _____ Date _____

Position Applied for _____

Fire Department Address: 400 15th Street, Manhattan Beach, CA 90266 FAX (310) 802-5201

Police Department Address: 420 15th Street, Manhattan Beach, CA 90266 FAX (310) 802-5101

Public Works Department Address: 3621 Bell Avenue, Manhattan Beach, CA 90266 FAX (310) 802-5301

City of Manhattan Beach Web Site: <http://www.citymb.info>

CITY OF MANHATTAN BEACH
APPLICANT BACKGROUND QUESTIONNAIRE

NAME: _____ DATE: _____

JOB TITLE: _____

To comply with statistical information on applicant flow patterns requested by the Federal Equal Employment Opportunity Commission (5 CFR Section 720), please provide the following information. Providing the information requested on this form is voluntary and is used for statistical reporting requirements only. It will have no effect on hiring decisions.

SEX:

- Male
- Female

ETHNIC SELF-IDENTIFICATION

Are you Hispanic, Latino or of Spanish Origin? (Definition: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

- Yes No

Do you have a disability?

- Yes
- No

RACE SELF-IDENTIFICATION

Please read the descriptions, then mark one or more races to indicate what you consider yourself to be.

- American Indian or Alaska Native --- A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Asian --- A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, Indian, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
- Black or African American --- A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander --- A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White --- A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.