



CITY OF LAGUNA WOODS EMPLOYMENT APPLICATION

TYPE OR PRINT IN INK ONLY
PLEASE READ INSTRUCTIONS THOROUGHLY

Exact title of position for which you are applying:

Last Name First Name MI

Social Security Number:

Street Address Apt # City State Zip Code

FILL OUT BOTH SIDES OF THIS FORM COMPLETELY. THE CITY WILL ONLY CONSIDER INFORMATION CONTAINED ON THE APPLICATION FORM OR SUPPLEMENTAL MATERIALS SPECIFICALLY REQUESTED FOR THIS RECRUITMENT TO DETERMINE YOUR QUALIFICATIONS FOR THE POSITION FOR WHICH YOU ARE APPLYING. A RESUME MAY NOT BE PROVIDED IN LIEU OF A COMPLETED APPLICATION FORM. **IF YOU NEED MORE SPACE FOR YOUR JOB RECORD, USE THE SAME FORMAT ON PLAIN WHITE PAPER.**

Please list any other name(s) you have used previously that are different than your current name:

DRIVER'S LICENSE:

Class C (auto) ____ Class A (heavy trucks, tractor/trailer) ____
Class B (buses) ____ Class M (motorcycle) ____

License Number: _____ State: _____
Expires: _____

Phone: Home () _____
Cell: () _____
Message: () _____

Phone: Work () _____ May we contact you at work? YES NO
E-mail: _____

EDUCATION/LICENSE/CERTIFICATE

Education: Highest grade completed in High School: _____ Degree/certificate you have: High School Diploma ____ G.E.D. Certificate ____
California High School Proficiency Test ____

High School Attended: _____
City: _____ State: _____

College Attended	Degree Completed	Major Subject	Number of Units Completed Semester Quarter

Language(s) you speak fluently other than English:

Relevant Professional License/Certificate Possessed:

Issued by/Date:

Current or previous employment with the Laguna Woods:

Never ____ Current ____ Former ____ Job Title: _____

Date employed with the City of Laguna Woods From: _____ To: _____

ARE ANY OF YOUR RELATIVES EMPLOYED BY THE CITY OF LAGUNA WOODS? Yes ____ No ____

If yes, give name, relationship, and position held. _____

THIS SECTION MUST BE COMPLETED

EXPERIENCE: Begin with your most recent experience. List all experience gained in the last ten years, including periods of self-employment and military service. **If you have held more than one position with the same employer, please list each position.** Give full details about experience, which in your opinion makes you qualified for the job for which you are applying. In addition, list any volunteer experience, which you believe has enhanced your qualifications. For full consideration, you must provide all information requested about your qualifications and work record.
IF YOU NEED MORE SPACE FOR YOUR JOB RECORD, USE THE SAME FORMAT ON PLAIN WHITE PAPER.

Mo/Yr to Mo/Yr Number of Years _____	Name and Address of Business or Agency/Department	Title of Your Position	No. of Employees You Fully Supervised
# Hours Per Week F/T ____ P/T ____		Name of Supervisor	Supervisor's Phone No.
Salary \$ Monthly ____ Hourly ____	<i>Describe your duties fully.</i>		
Reason for Leaving			
Mo/Yr to Mo/Yr Number of Years _____	Name and Address of Business or Agency/Department	Title of Your Position	No. of Employees You Fully Supervised
# Hours Per Week F/T ____ P/T ____		Name of Supervisor	Supervisor's Phone No.
Salary \$ Monthly ____ Hourly ____	<i>Describe your duties fully</i>		
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Mo/Yr to Mo/Yr Number of Years _____	Name and Address of Business or Agency/Department	Title of Your Position	No. of Employees You Fully Supervised
# Hours Per Week F/T ____ P/T ____		Name of Supervisor	Supervisor's Phone No.
Salary \$ Monthly ____ Hourly ____	<i>Describe your duties fully</i>		
Reason for Leaving			

AGREEMENT: READ CAREFULLY BEFORE SIGNING

I certify that all statements made in this application are true and complete and I authorize investigation of all matters herein contained, however, I understand that the City will not contact my present employer without my knowledge. I agree and understand that any misrepresentation or omission of a fact may result in rejection of my application, refusal of employment, removal of my name from an eligibility list, and/or dismissal from employment with the City of Laguna Woods. I agree to undergo a post-offer physical examination by a City physician (at City expense) and will submit to a drug test if it is a requirement for the job. I fully understand that employment is contingent upon meeting the City's physical requirements. I also authorize the employers, schools and persons named above to provide any additional information regarding my qualifications and character including, but not limited to, statements and documents, and I hereby waive my right to bring any legal action whatsoever for release of any information regarding my past. I hereby release said employers, schools, or persons from all liability for any damages caused by issuing this information, whether or not I agree with the information furnished. I fully understand that this application does not constitute an expressed or implied contract.

SIGNATURE _____ DATE _____

Return To: City of Laguna Woods, 24264 El Toro Road, Laguna Woods CA 92653 (949) 639-0500