

# APPLICATION FOR EMPLOYMENT

## CITY OF LOS ANGELES PERSONNEL DEPARTMENT AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER



THIS PORTION OF THE APPLICATION IS NOT AVAILABLE TO AN INTERVIEW BOARD

1. CITY JOB (EXAMINATION) TITLE		2. CLASS CODE NO.	
3. SOCIAL SECURITY NUMBER (See Instruction G)	4. TYPE OF EXAMINATION (See Instruction B) <input type="checkbox"/> OPEN <input type="checkbox"/> PROMOTIONAL	PREFERRED CONTACT METHOD: US MAIL <input type="checkbox"/> E-MAIL <input type="checkbox"/>	
5. NAME: LAST	FIRST	MIDDLE	
6. PRESENT MAILING ADDRESS: NUMBER    STREET    APARTMENT		6a. HOME PHONE – Area & Number (    )	6b. WORK PHONE – Area & Number (    )
CITY    STATE    ZIP CODE		7. E-MAIL ADDRESS	
8. P.O. BOX NUMBER    CITY	9. DRIVER'S LICENSE NUMBER    STATE    EXPIRATION DATE	10. COMPLETE ONLY WHEN THE EXAMINATION ANNOUNCEMENT STATES AN AGE REQUIREMENT BIRTHDATE    MO.    DAY    YR.	
8a. STATE    ZIP CODE	12. YOU WILL BE REQUIRED TO SUBMIT VERIFICATION OF THE LEGAL RIGHT TO WORK IN THE UNITED STATES WITHIN THREE (3) BUSINESS DAYS BEGINNING WITH YOUR FIRST DAY OF WORK. IN ACCORDANCE WITH THE IMMIGRATION REFORM AND CONTROL ACT OF 1986. WE ARE LEGALLY PROHIBITED FROM EMPLOYING ANYONE WHO CANNOT PROVIDE SUCH VERIFICATION.		
MARK ONLY WHEN REQUIRED BY THE JOB BULLETIN			
11. ARE YOU A UNITED STATES CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO			

**RESEARCH AND SPECIAL DATA.** The City of Los Angeles is an Equal Employment Opportunity Employer. We request **voluntary** identification of your sex and ethnic/racial group and/or disability so that we can monitor the effectiveness of our Equal Employment Opportunity program. Completing sections 13, 14, 15 and 16 will not affect your employment.

13. SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	Reasonable Accommodations: City examinations may include written tests, interviews, physical abilities tests or other processes. Reasonable accommodation will be provided to applicants who need assistance to participate in the selection process. Please review the Selection Process of the Job Bulletin for the types of tests included in this examination.
14. ETHNIC GROUP/RACE <input type="checkbox"/> Black (1) <input type="checkbox"/> Caucasian (4) <input type="checkbox"/> Hispanic (2) <input type="checkbox"/> American Indian (5) <input type="checkbox"/> Asian (3) <input type="checkbox"/> Filipino (7)	
15. Do you need a reasonable accommodation to participate in the selection process?    YES <input type="checkbox"/> NO <input type="checkbox"/>	
16a. If Yes, please describe the desired accommodation: _____	
16.b Have you ever been granted an accommodation for a previous City examination?    YES <input type="checkbox"/> NO <input type="checkbox"/>	
You will be contacted by telephone or by mail regarding your request for reasonable accommodation. If you have not previously done so, you will be required to provide written verification from an appropriate professional confirming your disability and appropriate accommodation. Verification forms may be obtained at the Personnel Dept. or by calling 213-473-9163.	
17. RECRUITMENT RESEARCH: FOR OPEN CANDIDATES, PLEASE INDICATE WHERE YOU LEARNED ABOUT THIS JOB. CHECK ONE OR WRITE ANSWER:	
<input type="checkbox"/> NOTIFICATION CARD (A) <input type="checkbox"/> FRIEND OR RELATIVE (B) <input type="checkbox"/> CITY BULLETIN BOARD (C) <input type="checkbox"/> CITY EMPLOYEE (D) <input type="checkbox"/> NEWSPAPER AD (E) <input type="checkbox"/> CAREER DAY/JOB FAIR (F) <input type="checkbox"/> 24-HOUR JOBLINE (G) <input type="checkbox"/> CHANNEL 35 CITY VIEW (H) <input type="checkbox"/> PERSONNEL DEPT. SATELLITE OFFICE (I) <input type="checkbox"/> INTERNET (J) - PLEASE LIST WEBSITE: _____ <input type="checkbox"/> OTHER _____	

**Applicants – Do not use the space below – For Personnel Department Use Only**

STAFF	DATE	J K L M N O P Q R S T	Dis. testing <input type="checkbox"/> YES Acc. Requested <input type="checkbox"/> NO	APPL. APPROVED	MIL. CREDIT
a				STAFF	DATE
b			Does applicant fall within 6 month lacking clause <input type="checkbox"/> YES <input type="checkbox"/> NO	U _____	
c			When will applicant meet full requirements? Date: _____	V _____	
d				W _____	
e					
f					
g					
h					
i					
j					
k					

18. May the Personnel Department contact **YOUR PAST EMPLOYERS** for references?  Yes  
 If YES, then read the following statements and sign your name on the line below. I authorize the City of Los Angeles Personnel Department to obtain employment information from any previous employer. A photostatic copy of this authorization will be considered to be as valid as the original.  No

Signature \_\_\_\_\_ Date: \_\_\_\_\_

May the Personnel Department contact **YOUR PRESENT EMPLOYER** for references?  Yes  
 If YES, then read the following statements and sign your name on the line below: I authorize the City of Los Angeles Personnel Department to obtain employment information from my current employer. A photostatic copy of this authorization will be considered to be as valid as the original.  No

Signature \_\_\_\_\_ Date: \_\_\_\_\_

19. Have you previously worked for the City of Los Angeles? If "yes", and you are not currently employed by the City, please complete the following:  Yes  
 No

FROM/TO: \_\_\_\_\_ Department/Class Title: \_\_\_\_\_

FROM/TO: \_\_\_\_\_ Department/Class Title: \_\_\_\_\_

20. Have you passed any examination given by the City of Los Angeles in the last two years?  Yes  
 No

If "yes", list examination titles and dates passed: \_\_\_\_\_

21. Have you ever been fired or asked to resign in order to avoid being fired from a job?  Yes  
 No

If "yes", please complete the following (List all cases except layoffs for lack of work. Attach additional sheet if necessary). (NOTE-Promotional applicants must list all probationary terminations while employed by the City but are not required to list terminations occurring prior to original City appointment if employed by the City for at least one year.):

Employer's Name and Address \_\_\_\_\_

Date and reason for discharge \_\_\_\_\_

22. List names used in the past, including names used in other records:

23. U.S. Military Service. To receive military service credit of 5 points, allowed by City Charter Section 1006, veterans must have served on active duty in one of the periods authorized by the Personnel Department and have been released from active duty within the previous 5 years, or present evidence of a military service connected disability. **To receive such credit you must present proof of your honorable discharge and dates of active duty and/or proof of a military service connected disability along with your application to: Personnel Department, Employment Services Section, Room 100, 700 E. Temple Street, Los Angeles, CA 90012, at the time of filing.** This proof must be shown each time you file an application. Military credit is allowed only in open examinations.

APPLICANTS - DO NOT DETACH THIS PAGE

24. CITY JOB (EXAMINATION) TITLE	25. CLASS CODE NUMBER	26. TYPE OF EXAMINATION  (Same as Page 1, Space 4)  <input type="checkbox"/> OPEN <input type="checkbox"/> PROMOTIONAL <input type="checkbox"/> STATUS <input type="checkbox"/> SPECIAL
27. PLEASE PRINT NAME – Last, First, Middle	28. SOCIAL SECURITY NUMBER	

**HIGH SCHOOL EDUCATION:**

29a. DID YOU GRADUATE FROM HIGH SCHOOL OR PASS THE GED TEST?      29b. IF UNDER 18 YEARS OF AGE, CAN YOU PROVIDE A WORK PERMIT OR A GED CERTIFICATE AFTER AN EMPLOYMENT OFFER IS MADE?

YES     NO (Answer 31b)       YES     NO

30. SPECIAL TESTING INFORMATION IF REQUIRED IN THE EXAMINATION ANNOUNCEMENT INSTRUCTIONS:

**31. ADDITIONAL EDUCATION    ENTER REQUESTED INFORMATION IN ALL COLUMNS**

NAME AND LOCATION OF UNIVERSITIES COLLEGES OR TRADE SCHOOLS ATTENDED	COMPLETION DATES	UNITS COMPLETED	SEMESTER	QUARTER	MAJOR SUBJECT OR COURSE	UNITS COMPLETED IN MAJOR	TITLE OF DEGREE/ CERTIFICATE RECEIVED

<b>32. SPECIAL COURSES REQUIRED FOR THIS EXAMINATION:</b> <table style="width:100%; border-collapse: collapse;"> <tr> <th style="width:30%;">Course Name:</th> <th style="width:10%;">Units Completed</th> <th style="width:10%;">Semester</th> <th style="width:10%;">Quarter</th> <th style="width:10%;">Name of School</th> <th style="width:10%;">Date Completed:</th> </tr> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>	Course Name:	Units Completed	Semester	Quarter	Name of School	Date Completed:																															<b>33. SPECIAL LICENSES REQUIRED FOR THIS EXAMINATION:</b> <table style="width:100%; border-collapse: collapse;"> <tr> <th style="width:30%;">LICENSES:</th> <th style="width:20%;">DATE ISSUED</th> <th style="width:20%;">ISSUING AGENCY:</th> <th style="width:30%;">EXPIRATION DATE:</th> </tr> <tr> <td> </td><td> </td><td> </td><td> </td></tr> <tr> <td> </td><td> </td><td> </td><td> </td></tr> </table>	LICENSES:	DATE ISSUED	ISSUING AGENCY:	EXPIRATION DATE:								
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34. LANGUAGE PROFICIENCY (OTHER THAN ENGLISH: INDICATE SPOKEN AND/OR WRITTEN). COMPLETE ONLY WHEN STATED ON EXAMINATION ANNOUNCEMENT.

35. SUPPLEMENTAL INFORMATION

MARK ONLY WHEN REQUIRED BY THE JOB BULLETIN.

(Attach additional sheet if necessary)

**APPLICANTS – DO NOT DETACH THIS PAGE**

**Read and complete below – Complete work experience on page 4**

The following statements are general conditions for employment. This application does not constitute an offer for employment, merely the opportunity to compete for the position. Your application is subject to review and may be rejected at any time if shown that you do not meet the qualifications specified in the bulletin for the position for which you are applying. Please read and initial the following three statements, and sign and date the application in Box 36. You **must** answer the work experience section on PAGE 4 for your application to be considered complete.

As a condition of employment for a safety-sensitive position, I may be required to undergo a drug and alcohol abuse screening test prior to appointment and I must meet background and medical standards as well. \_\_\_\_\_ Initial Here

I also understand that this application, supplements and attachments become the property of the City of Los Angeles Personnel Department. No copies of these documents shall be made available to or provided to me until the entire examination is complete. \_\_\_\_\_ Initial Here

I acknowledge my responsibility to comply with any court-ordered child support obligations and understand that as an employee of the City of Los Angeles, my name and any other pertinent information requested will be provided to the LA County District Attorney to assist in enforcement activities. \_\_\_\_\_ Initial here

I certify that all statements on this application form and attachments are true and complete to the best of my knowledge. I understand that false, misleading or incomplete information shall be sufficient cause for disqualification or dismissal and other penalties as may be prescribed by law.

36. SIGNATURE (Original in ink; pencil or photocopy not accepted.)	DATE	PERFORMANCE (Do not use until instructed to do so)
<b>COMPLETE THE WORK EXPERIENCE SECTION ON PAGE 4</b>		INTERVIEW (Do not use until instructed to do so)

## Personnel Department, City of Los Angeles – APPLICATION INSTRUCTIONS

- A. Please fill out this application carefully in ink. No photostatic copy, facsimile (FAX) or resume in lieu of the original application form will be accepted. All questions must be answered completely and accurately, except items 13 - 16 (which are voluntary) or items 9 - 11 (which are completed only if specified in the examination announcement). You may be disqualified for any false statement or for omitting information. We suggest you keep a copy of each application you file. You may not obtain a copy while the examination is in progress.
- B. You must file a separate application for each examination. Only Civil Service City employees who meet the definition of a **promotional** candidate may file for promotional examinations. All others must file as **open** candidates. Employees who leave City service cannot be appointed from promotional eligible lists.
- C. Your application **MUST BE RECEIVED** in Room 100, City Personnel Department, 700 East Temple Street, Los Angeles, CA 90012, by the last day to apply. If you change your address after applying, you must notify the Personnel Department in writing immediately.
- D. **APPLYING BY MAIL** - If you wish, you may file your application by mail unless otherwise specified by the Job Bulletin. Be certain that you answer all questions on the application. Your application must be received, not post marked, by the last day to apply. It is the applicant's responsibility to allow adequate mail or delivery time. Late applications will be disqualified.
- E. **ACCEPTANCE - Applicants who fail to submit all required information will not be considered for employment. All applications are accepted on a tentative basis subject to a later review of your employment history. If you do not meet the minimum bulletin requirements or your work record is not acceptable, you will not be considered for employment, even if you have taken and passed the examination.**
- F. **VERIFICATION** - The information submitted on your application is subject to verification. Applicants or new employees will be fingerprinted and disqualification from an eligible list may result from factors considered during review (i.e. work history and/or criminal history).
- G. **SOCIAL SECURITY NUMBER** (items 3 & 28) - Federal law (P.L. 93-579, Section 7) requires that you be informed when asked for your Social Security Number that this number must be provided and that it will be used for identification purposes in the City's examination, employment and payroll processes. Our authority for requesting and requiring this information is based upon certain provisions of the Internal Revenue Code, the Social Security Act as amended, and payroll and Candidate Application Processing System (CAPS) procedures approved and implemented prior to June, 1984.
- H. **RIGHT TO WORK** (items 11, 12) - City jobs which require United States Citizenship are identified on the examination announcement. All applicants not currently employed by the City will be required to show proof of United States citizenship or the legal right to work in the United States within three business days of hire. Failure to comply with the requirements of the Immigration Reform and Control Act of 1986 within the time prescribed by the Act may result in termination.
- I. **DISABILITY** (items 15 and 16) - If you have a physical, mental or learning disability which may affect your ability to take the examination for which you are applying, please call our staff at (213) 473-9163, (TDD) (213) 473-9312. Special testing accommodations may be arranged if verification of the disability is provided from a doctor, rehabilitation counselor or other authority. You will be contacted to make specific arrangements. Under provision of Title I of the Americans with Disabilities Act, this information is obtained only to arrange accommodations.
- J. **EDUCATION AND EXPERIENCE** (items 31, 32, 33, 34, & 35) - You must list a complete record of your training and experience. If more space is needed, attach additional sheets. Read the requirements section of the Job Bulletin carefully for any special application instructions for that job title. Claimed volunteer experience must also include verification on stationery from the organization served showing time periods volunteered and duties performed. City employees must list the specific Department for which they have worked and show their civil service class titles.
- K. **SIGNATURE** (item 36) - This application must be signed (not printed) in ink **BY THE APPLICANT**.

**DETACH INSTRUCTIONS FROM APPLICATION  
BEFORE MAILING OR PRESENTING IT TO THE PERSONNEL DEPARTMENT  
INSTRUCCIONES EN ESPAÑOL AL REVERSO**

**DEPARTAMENTO DE PERSONAL**  
**CIUDAD DE LOS ANGELES**  
**INSTRUCCIONES PARA LLENAR LA SOLICITUD**

- A. Por favor llene esta solicitud cuidadosamente en tinta, con letra de molde. No aceptamos copias fotostáticas, facsímil (FAX) o resumen en lugar de una aplicación original. Contesté completamente y precisamente a todas las preguntas excepto preguntas 13 a 16 cuales son voluntarias, o preguntas 9 a 11 que deben completarse solamente si se pide en el anuncio del examen. **USTED PUEDE SER DESCALIFICADO POR INFORMACIÓN FALSA O SI DELIBERADAMENTE OMITIÓ INFORMACIÓN.** Sugerimos que se quede con una copia de cada solicitud que entregue. No se puede obtener una copia de la solicitud mientras que el examen está en progreso.
- B. Debe entregar una solicitud para cada examen. Solamente empleados del Servicio Civil de la Ciudad De Los Angeles serán aceptados para exámenes de promoción. Las demás personas deben someter solicitud declarando que no son empleados de la Ciudad de Los Angeles. Empleados que dejan el servicio de la Ciudad, no podrán ser nombrados de los registros de Promoción.
- C. Su solicitud TIENE QUE SER RECIBIDA, no más tarde de la fecha indicada en el anuncio, EN LA OFICINA NUMERO 100, Departamento de Personal, ubicado en el 700 East Temple Street, Los Angeles, CA 90012. Si cambia su dirección después de entregar su solicitud, necesita notificar, por escrito, al Departamento de Personal inmediatamente.
- D. SOLICITUD POR CORREO - Si gusta, puede mandar su solicitud por correo al menos que indique lo contrario en el anuncio. Asegúrese de que ha contestado todas las preguntas. Su solicitud tiene que ser recibida, en nuestra oficina número 100, 700 East Temple Street, no en la oficina de correos, a más tardar por la fecha indicada en el anuncio. Es la responsabilidad del aplicante permitir tiempo adecuado para la entrega del correo. Solicitudes recibidas después de la fecha indicada en el anuncio, serán descalificadas.
- E. **ACEPTACIÓN - Aplicantes que no logren someter toda información requerida no serán considerados para empleo. Todas las solicitudes son aceptadas tentativamente en espera de la evaluación de su experiencia. Si no cumple con los requisitos mínimos del anuncio o si su experiencia de trabajo no es aceptable, su solicitud puede ser rechazada aunque haya tomado y pasado el examen.**
- F. VERIFICACIÓN - La información sometida en su solicitud es propensa a verificación. Se les tomarán las huellas dactilares a empleados nuevos y a solicitantes de empleo, y la descalificación de una lista elegible de empleo puede resultar de los factores considerados durante la revisión (por ejemplo historial de trabajo y/o criminal).
- G. NUMERO DE SEGURO SOCIAL (Espacio Nos. 3 y 28) - La ley Federal (P.L. 93-579, Sect.7) requiere que cuando se le pide su número de Seguro Social se le avise que tiene que darlo y que éste número se usará para identificación en el proceso de examen, empleo y nomina de pago de la Ciudad. Nuestra autoridad para pedir y requerir esta información viene de ciertas provisiones del Código de Rentas Públicas (Internal Revenue), el Acto de Seguro Social y las reglas y procedimientos de nómina de pago y aplicación que fueron aprobados antes del primero de Junio de 1984.
- H. DERECHO A TRABAJAR - (Espacio Nos. 11 y 12) Posiciones con la Ciudad de Los Angeles que requieren ciudadanía Americana son identificadas en el anuncio del examen. Aplicantes que no son empleados de la Ciudad tienen que someter prueba de ciudadanía Americana o el derecho legal de trabajar en los Estados Unidos, dentro de tres días después de ser apuntado en un puesto. Falta de cumplir con los requisitos del Acta y Control de Inmigración de 1986 dentro del tiempo indicado, puede resultar en descalificación.
- I. IMPEDIMENTO (Espacio Nos. 15 y 16) - Si tiene algún impedimento físico o mental que podrá afectar su habilidad para tomar el examen que está solicitando, por favor llame a nuestro personal al (213) 473-9163 o con TDD (213) 473-9312. Al someter verificación de su médico, consejero o otra autoridad, será notificado tocante arreglos especiales para que pueda tomar el examen. En conformidad con el Título I del Acta de Americanos con Impedimentos, esta información es requisito solamente para hacer arreglos especiales.
- J. EDUCACION Y EXPERIENCIA (Espacios Nos. 31, 32, 33, 34, y 35) - Tiene que hacer una lista completa de su experiencia y educación. Si necesita más espacio, agregue más páginas. Lea cuidadosamente la sección sobre requisitos en el anuncio del examen por si acaso hay instrucciones especiales para ese examen. Experiencia voluntaria debe incluir verificación en papel de la organización en membrete de la organización servida indicando el tiempo voluntario y tareas en esa posición. Los empleados de la Ciudad De Los Angeles deberán especificar los departamentos en los que han trabajado y deben indicar su título o categoría en el Servicio Civil.
- K. FIRMA (Espacio 36) - El candidato debe firmar la aplicación (no con letra de molde) con tinta.

**SEPRE LAS INSTRUCCIONES DE LA  
SOLICITUD ANTES DE MANDARLA POR  
CORREO O AL PRESENTARLA EN  
PERSONA AL DEPARTAMENTO DE PERSONAL  
ENGLISH INSTRUCTIONS ON REVERSE**

39. **WORK EXPERIENCE: BEGIN WITH YOUR MOST RECENT JOB - LIST EACH JOB SEPARATELY.** List all jobs regardless of duration, including part-time jobs, military service and any periods of unemployment during the last ten years. Also, list volunteer experience and jobs held more than ten years ago which relate to the job for which you are applying. **City employees must use the correct civil service class title.** If you have no work experience, indicate NONE. Please Note: Incomplete information will delay the processing of your application.

DATES		EMPLOYERS	DUTIES
MONTH AND YEAR:		NAME OF CURRENT OR LAST EMPLOYER	YOUR TITLE
FROM	ADDRESS (OR CITY DEPARTMENT)		DUTIES PERFORMED
TO			
TOTAL MOS. WORKED	HRS. PER WEEK	CITY, STATE AND ZIP CODE	
MONTHLY SALARY EARNED \$		IMMEDIATE SUPERVISOR'S NAME	REASON FOR LEAVING
MONTH AND YEAR:		NAME OF CURRENT OR LAST EMPLOYER	YOUR TITLE
FROM	ADDRESS (OR CITY DEPARTMENT)		DUTIES PERFORMED
TO			
TOTAL MOS. WORKED	HRS. PER WEEK	CITY, STATE AND ZIP CODE	
MONTHLY SALARY EARNED \$		IMMEDIATE SUPERVISOR'S NAME	REASON FOR LEAVING
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TO			
TOTAL MOS. WORKED	HRS. PER WEEK	CITY, STATE AND ZIP CODE	
MONTHLY SALARY EARNED \$		IMMEDIATE SUPERVISOR'S NAME	REASON FOR LEAVING
MONTH AND YEAR:		NAME OF CURRENT OR LAST EMPLOYER	YOUR TITLE
FROM	ADDRESS (OR CITY DEPARTMENT)		DUTIES PERFORMED
TO			
TOTAL MOS. WORKED	HRS. PER WEEK	CITY, STATE AND ZIP CODE	
MONTHLY SALARY EARNED \$		IMMEDIATE SUPERVISOR'S NAME	REASON FOR LEAVING
MONTH AND YEAR:		NAME OF CURRENT OR LAST EMPLOYER	YOUR TITLE
FROM	ADDRESS (OR CITY DEPARTMENT)		DUTIES PERFORMED
TO			
TOTAL MOS. WORKED	HRS. PER WEEK	CITY, STATE AND ZIP CODE	
MONTHLY SALARY EARNED \$		IMMEDIATE SUPERVISOR'S NAME	REASON FOR LEAVING
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MONTHLY SALARY EARNED \$		IMMEDIATE SUPERVISOR'S NAME	REASON FOR LEAVING

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