



CITY OF SOUTH GATE

PERSONNEL DEPARTMENT · 8650 CALIFORNIA AVENUE · SOUTH GATE · CA 90280 · (323) 357-5835
 INTERNET: <http://www.cityofsouthgate.org>

EMPLOYMENT APPLICATION

LAST NAME		FIRST NAME		PERSONNEL USE ONLY <input type="checkbox"/> NQ <input type="checkbox"/> MQ <input type="checkbox"/> HQ Reason Rejected <input type="checkbox"/> EXP <input type="checkbox"/> ED <input type="checkbox"/> LIC <input type="checkbox"/> INC <input type="checkbox"/> LATE <input type="checkbox"/> OTH Screened By: _____		Position Applying For	Last Name												
STREET ADDRESS																			
CITY		STATE						ZIP CODE											
CONTACT TELEPHONE NUMBER		EMAIL ADDRESS																	
Can you submit verification of your right to work in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO Are you related to any City of South Gate Employee or Elected Official? <input type="checkbox"/> YES <input type="checkbox"/> NO Are you at least eighteen (18) years of age? <input type="checkbox"/> YES <input type="checkbox"/> NO Are you bilingual in Spanish & English? <input type="checkbox"/> YES <input type="checkbox"/> NO Have you ever been fired or asked to resign from employment? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If yes,</i> <i>please explain:</i> _____						First Name													
If a Driver's License or Professional Certificate is required for this position, list and give expiration date. <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Type of License or Certificate</u></th> <th style="text-align: left;"><u>License or Certificate Number</u></th> <th style="text-align: left;"><u>Expiration Date</u></th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>								<u>Type of License or Certificate</u>	<u>License or Certificate Number</u>	<u>Expiration Date</u>									
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EDUCATION								Social Security Number XXX-____-____	M.I.										
Did you graduate from High School or the equivalent (<i>i.e.</i> G.E.D.)? <input type="checkbox"/> YES <input type="checkbox"/> NO																			
NAME OF SCHOOL / UNIVERSITY AND LOCATION	DATES ATTENDED MO / YR	# OF SEM OR # OF QTR UNITS	MAJOR COURSE OF STUDY	DEGREE AWARDED															

CERTIFICATE OF APPLICATION

(Please read completely before signing)

I hereby certify that all statements made on or in connection with this application are true to the best of my knowledge and belief, and I understand that any misstatement or omission of material or information may cause forfeiture on my part of all rights to employment by the City of South Gate.

I understand that my employment is conditional upon me passing a medical examination and that any misrepresentation or omission of facts requested shall be cause for non-hiring and dismissal from City employment at any time.

I understand that, all new employees shall be fingerprinted to check conviction records and must submit proof of U.S. citizenship or legal right to work in the United States.

Applicant's Signature: _____ **Date:** _____

WORK EXPERIENCE

POSITION YOU ARE APPLYING FOR		SOCIAL SECURITY NUMBER XXX - _____ - _____
LAST NAME	FIRST NAME	M.I.

INSTRUCTIONS

List all jobs you have held within the last ten (10) years beginning with your PRESENT or most recent job. Include earlier experience which may qualify you for the position. By giving complete information you may improve your chances for employment. Applications that say “**see resume**” will be incomplete and will not be considered.

If you need more space, please photocopy this sheet and attach the additional sheets.

JOB TITLE	DATES EMPLOYED - MO/YR From: To:	HOURS PER WEEK	MONTHLY SALARY
EMPLOYER	EMPLOYER'S ADDRESS		CITY
REASON FOR LEAVING	STATE	ZIP CODE	EMPLOYER PHONE #
MAY WE CONTACT? YES _____ NO _____	DO/DID YOU SUPERVISE OTHERS? YES ____ NO ____ HOW MANY? _____		
DUTIES:			

JOB TITLE	DATES EMPLOYED - MO/YR From: To:	HOURS PER WEEK	MONTHLY SALARY
EMPLOYER	EMPLOYER'S ADDRESS		CITY
REASON FOR LEAVING	STATE	ZIP CODE	EMPLOYER PHONE #
MAY WE CONTACT? YES _____ NO _____	DO/DID YOU SUPERVISE OTHERS? YES ____ NO ____ HOW MANY? _____		
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MAY WE CONTACT? YES _____ NO _____	DO/DID YOU SUPERVISE OTHERS? YES ____ NO ____ HOW MANY? _____		
DUTIES:			

RECORD INQUIRY WAIVER

POSITION YOU ARE APPLYING FOR		SOCIAL SECURITY NUMBER XXX - _____ - _____
LAST NAME	FIRST NAME	M.I.

TO WHOM IT MAY CONCERN:

"I hereby authorize any former employer, its employees and representatives, or any person listed as a reference to provide any and all information they deem appropriate regarding my employment and job performance to the City of South Gate, 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 any information regarding my employment. I hereby fully waive any rights or claims I have or may have against any former employer, its employees and representatives, or any person listed as a reference, and release any former employer, its employees and representatives, any person listed as a reference, or former educational institution from any and all liability, claims, or damages that may directly or indirectly result from the use, disclosure, or release of such information by any person or party, whether such information is favorable or unfavorable to me."

Applicant's Signature: _____ **Date:** _____

Equal Opportunity / Affirmative Action Employer

CITY OF SOUTH GATE PERSONNEL DEPARTMENT CONVICTION INFORMATION QUESTIONNAIRE

POSITION YOU ARE APPLYING FOR		SOCIAL SECURITY NUMBER XXX - ____ - _____
LAST NAME	FIRST NAME	M.I.

NOTICE: Individuals with conviction records are eligible for employment with the City of South Gate and are encouraged to apply. A "YES" answer to the question regarding criminal conduct does not necessarily constitute an automatic bar to employment. Factors such as the nature of the job applied for, the nature of the offense, and the applicant's conduct subsequent to the offense will be taken into account. **Information on convictions is required from all applicants. Any omissions are grounds for rejection of the application, removal of the applicant's name from the eligible list, or dismissal from City employment.** This information will be kept confidential and will not become part of your permanent personnel file, if hired. All employees are fingerprinted and notification of convictions is sent to the Personnel Dept. by the State of California, Department of Justice, Bureau of Criminal Identification.

Please respond to the following question:

Have you ever been convicted of breach or violation of any ordinance or law other than a minor traffic violation? If "YES", you must provide additional information as requested below.

____ YES ____ NO

Please provide information pertaining to ALL convictions, unless sealed or expunged. Do NOT list arrests that did not result in a conviction.

Date of Conviction	Code Section Violated (Number and Title)	Felony or Misdemeanor
Description of Offense / Additional Remarks:		

I certify that I have read this notice and that I am aware of my responsibilities in reporting convictions on my application.

Signature of Applicant

Date

Print Name

CONFIDENTIAL STATISTICAL DATA FORM

POSITION YOU ARE APPLYING FOR		SOCIAL SECURITY NUMBER XXX - _____ - _____
LAST NAME	FIRST NAME	M.I.

To comply with federally-mandated Equal Employment Opportunity Commission statistical reporting requirements on applicant flow patterns, we would appreciate your **voluntary** cooperation in providing the following information. This information **IS NOT** part of the selection process. This form will be detached from your original application and used for statistical reporting requirements only.

AGE <input type="checkbox"/> Under 21 <input type="checkbox"/> 21 – 39 <input type="checkbox"/> 40 or over	GENDER <input type="checkbox"/> Female <input type="checkbox"/> Male	DISABILITY <input type="checkbox"/> No <input type="checkbox"/> Yes
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RACE <input type="checkbox"/> WHITE All persons having origins in any of the original people of Europe, North Africa, the Middle East, or the Indian Subcontinent. <input type="checkbox"/> BLACK All persons having origins in any of the Black racial groups (not of Hispanic Origin). <input type="checkbox"/> HISPANIC All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race. <input type="checkbox"/> ASIAN / PACIFIC ISLANDER All persons having origins in any of the original people of the Far East, Southeast Asia, or the Pacific Islands. <input type="checkbox"/> AMERICAN INDIAN All persons having origins in any of the original people of North America.

DISABILITY <i>This information will be kept confidential except your supervisor may be informed regarding restrictions or accommodations.</i> <input type="checkbox"/> Visual Impairment - use of eyeglasses, which permit normal vision is included. <input type="checkbox"/> Hearing Impairment <input type="checkbox"/> Speech Impairment <input type="checkbox"/> Orthopedic Disability <input type="checkbox"/> Other: _____.
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