

CITY OF LA VERNE

APPLICATION FOR EMPLOYMENT – Sworn

Personnel Office
3660 D STREET • LA VERNE, CALIFORNIA 91750-3599
AN EQUAL EMPLOYMENT OPPORTUNITY

APPLICATION FOR POSITION OF: **Firefighter-Paramedic**

GENERAL BACKGROUND INFORMATION

NAME: _____
LAST FIRST MIDDLE

ADDRESS: _____
NUMBER AND STREET APT. NO.

_____ CITY STATE ZIP CODE

EMAIL ADDRESS: _____

HOME PHONE: _____
AREA CODE

CELL PHONE: _____
AREA CODE

**THIS SECTION NOT FOR
ELECTRONIC SUBMISSION**

SOCIAL SECURITY NUMBER: _____
 DRIVER'S LICENSE NUMBER: _____ EXPIRATION DATE: _____

PLEASE LIST ANY OTHER NAMES YOU HAVE USED FOR WORK OR EDUCATION RECORDS:

IN AN EMERGENCY, NOTIFY: _____
NAME

_____ ADDRESS CITY STATE ZIP CODE TELEPHONE

IF "YES" TO ANY OF THE FOLLOWING QUESTIONS (A THROUGH E), PLEASE EXPLAIN UNDER "REMARKS" BELOW.

- a. HAVE YOU EVER BEEN FIRED OR FORCED TO RESIGN FROM A POSITION? YES NO
- b. DO YOU HAVE ANY PHYSICAL OR MENTAL CONDITION OR HANDICAP WHICH MAY LIMIT YOUR ABILITY TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB APPLIED FOR? IF YES WHAT CAN BE DONE TO ACCOMMODATE YOUR LIMITATION? YES NO
- c. HAVE YOU EVER BEEN CONVICTED OF A FELONY, OR A MISDEMEANOR OTHER THAN A MINOR TRAFFIC VIOLATION? IF SO, WHEN, WHERE AND DISPOSITION OF CASE? YES NO
- d. HAVE YOU EVER BEEN EMPLOYED BY THE CITY OF LA VERNE? YES NO
- e. ARE ANY OF YOUR RELATIVES EMPLOYED BY THE CITY OF LA VERNE? YES NO

A "YES" ANSWER TO ANY OF THE ABOVE QUESTIONS WILL NOT AUTOMATICALLY DISQUALIFY THIS APPLICATION FROM FURTHER CONSIDERATION. FALSE ANSWERS MAY BE CAUSE OF DISQUALIFICATION OR DISMISSAL.

REMARKS

- f. ARE YOU OVER 18 YEARS OF AGE? YES NO
- g. DO YOU SPEAK A LANGUAGE OTHER THAN ENGLISH, FLUENTLY? YES NO
 IF SO, PLEASE SPECIFY: _____
- h. WHAT WRITTEN PROOF OF LEGAL RESIDENCE CAN YOU SUBMIT TO SHOW THAT YOU ARE ENTITLED TO WORK IN THE UNITED STATES? (e.g., birth certificate, certificate of naturalization, U. S. passport, work visa, resident alien card, or social security card **PLUS** driver's license.) _____

EDUCATION

ARE YOU A HIGH SCHOOL GRADUATE? IF NOT, DO YOU POSSESS A GED OR HIGH SCHOOL EQUIVALENCY?
 YES NO YES NO

HIGHEST GRADE COMPLETED:

NAMES, LOCATIONS & DATES OF ALL COLLEGES AND UNIVERSITIES ATTENDED: FULL OR PART TIME: NO. OF UNITS EARNED: MAJOR SUBJECT: DEGREE OR CERTIFICATE:

NAMES, LOCATIONS & DATES OF ALL COLLEGES AND UNIVERSITIES ATTENDED:	FULL OR PART TIME:	NO. OF UNITS EARNED:	MAJOR SUBJECT:	DEGREE OR CERTIFICATE:

EMPLOYMENT HISTORY

LIST ALL JOBS YOU HAVE HELD WITHIN THE LAST TEN YEARS. START WITH YOUR PRESENT OR MOST RECENT POSITION. IF ADDITIONAL SPACE IS NEEDED, SUBMIT AN ADDITIONAL DOCUMENT. **THIS SECTION MUST BE FULLY COMPLETED.**

FROM (MO/YR)	COMPANY NAME	PHONE
TO (MO/YR)	COMPANY ADDRESS	NAME & TITLE OF SUPERVISOR
HOURS WORKED/WEEK	TITLE OF POSITION	
REASON FOR LEAVING		
DESCRIPTION OF DUTIES		
FROM (MO/YR)	COMPANY NAME	PHONE
TO (MO/YR)	COMPANY ADDRESS	NAME & TITLE OF SUPERVISOR
HOURS WORKED/WEEK	TITLE OF POSITION	
REASON FOR LEAVING		
DESCRIPTION OF DUTIES		
FROM (MO/YR)	COMPANY NAME	PHONE
TO (MO/YR)	COMPANY ADDRESS	NAME & TITLE OF SUPERVISOR
HOURS WORKED/WEEK	TITLE OF POSITION	
REASON FOR LEAVING		
DESCRIPTION OF DUTIES		
FROM (MO/YR)	COMPANY NAME	PHONE
TO (MO/YR)	COMPANY ADDRESS	NAME & TITLE OF SUPERVISOR
HOURS WORKED/WEEK	TITLE OF POSITION	
REASON FOR LEAVING		
DESCRIPTION OF DUTIES		

REMARKS

PROVIDE THE FOLLOWING REQUESTED INFORMATION ON AT LEAST TWO RELIABLE PERSONS, OTHER THAN RELATIVES, WHO ARE SUFFICIENTLY FAMILIAR WITH YOUR QUALIFICATIONS AND CHARACTER TO FURNISH DEFINITE INFORMATION ABOUT YOU.

NAME _____ OCCUPATION _____

TELEPHONE _____ ADDRESS _____ CITY _____

NAME _____ OCCUPATION _____

TELEPHONE _____ ADDRESS _____ CITY _____

SELF-CERTIFICATION OF SKILLS

PLEASE LIST ANY EQUIPMENT, SOFTWARE, MECHANICAL AIDS (RELEVANT TO YOUR POSITION) YOU HAVE USED AND LEVEL OF PROFICIENCY (e.g. WPM):

CERTIFICATE OF APPLICANT

"I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION AND ATTACHMENTS ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE THE CITY OF LA VERNE TO MAKE INVESTIGATIONS AND INQUIRIES THAT ARE LIMITED TO THE REQUIREMENTS FOR THIS POSITION, OF MY EMPLOYMENT, FINANCIAL AND MEDICAL HISTORY AND OTHER RELATED MATTERS, AS THEY RELATE TO THE REQUIREMENTS OF THE POSITION FOR WHICH I AM APPLYING. IN ARRIVING AT AN EMPLOYMENT DECISION, I HEREBY RELEASE EMPLOYERS, SCHOOLS OR PERSONS FROM ANY LIABILITY IN RESPONDING TO INQUIRIES IN CONNECTION WITH MY APPLICATION. I UNDERSTAND THAT ANY FALSE OR MISLEADING INFORMATION GIVEN IN MY APPLICATION OR ANY STEP IN THE EMPLOYMENT SELECTION PROCESS WILL SUBJECT ME TO DISQUALIFICATION OR DISMISSAL. I FURTHER UNDERSTAND THAT AN APPOINTMENT TO THIS POSITION IS CONTINGENT UPON SUCCESSFUL COMPLETION OF A PHYSICAL EXAMINATION AND BACKGROUND CHECK. I UNDERSTAND ALSO THAT I AM REQUIRED TO ABIDE BY ALL RULES AND REGULATIONS OF THE CITY OF LA VERNE." I UNDERSTAND THAT IF DURING THE RECRUITMENT PROCESS ANY CHANGES OCCUR IN THE INFORMATION PROVIDED, I MUST NOTIFY THE CITY.

SIGNATURE: _____ DATE: _____