



CITY OF IRWINDALE
Equal Opportunity Employer

APPLICATION FOR EMPLOYMENT

Our mission is to provide excellent public service and responsible leadership with honor and integrity for the comfort, safety and convenience of the citizens, customers and businesses seeking services from the City of Irwindale.

PERSONAL INFORMATION

Position applied for _____

Name _____
Last First Middle

Home Phone _____ Cell Phone _____

Address _____
No. Street City State Zip

Social Security# _____ Email Address _____

Are you eligible for employment in the U.S.? Yes No
If hired, you are required to submit proof of your eligibility to work in the U.S.

Are you over the age of eighteen? Yes No
If no, hiring is subject to verification that you are of minimum legal age.

Were you previously employed by us? Yes No If yes when? _____

Do you have any relatives employed by the City of Irwindale?
Yes No If yes, please list names and relationship below:

Are there any other job-related skills, experiences or qualifications which will be of special benefit in the job for which you are applying? (Example: bilingual skills, special licenses or certifications)

RECORD OF EDUCATION

	Name and Address of School	Course of Study	Did you Graduate?	List Diploma or Degree
High School				
College				
Other (Specify)				

In the space below, list present and past employment, beginning with your most recent job. If additional space is required, please attach additional sheets as necessary. RESUMES WILL NOT BE ACCEPTED IN PLACE OF A COMPLETED APPLICATION				
Name and Address of Employer	From	To	# of staff you supervise	Reason for leaving
	Describe the work you did:			
Title of your Position				
Name of your Supervisor				
Supervisor Telephone #				
May we contact your present employer? Yes No				

Name and Address of Employer	From	To	# of staff you supervise	Reason for leaving
	Describe the work you did:			
Title of your Position				
Name of your Supervisor				
Supervisor Telephone #				

Name and Address of Employer	From	To	# of staff you supervise	Reason for leaving
	Describe the work you did:			
Title of your Position				
Name of your Supervisor				
Supervisor Telephone #				

PLEASE READ AND SIGN BELOW

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein. I also authorize my references and the employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

Signature of Applicant: _____ **Date:** _____