



# City of Cypress

## APPLICATION FOR EMPLOYMENT

HUMAN RESOURCES OFFICE  
 CITY OF CYPRESS  
 5275 ORANGE AVENUE  
 CYPRESS, CA 90630  
 (714) 229-6681

\_\_\_\_\_  
 (POSITION TITLE)

**FOR HUMAN RESOURCES USE ONLY**

|                     |                    |
|---------------------|--------------------|
| Eligibility Review: | Reason Ineligible: |
| ___Qualified        | ___Education       |
| ___Disqualified     | ___Experience      |
| ___Pending          | ___Late Filing     |
|                     | ___License         |
|                     | ___Min. Age        |
|                     | ___Other           |

**INSTRUCTIONS:** Please completely and neatly fill out this application using a typewriter or black ink. *Applications will be evaluated based on the information provided and it is the applicant's responsibility to ensure that the information is complete.* The City of Cypress is an Equal Opportunity Employer and, as such, provides equal employment opportunity to all persons without regard to race, color, religion, creed, sex, age, national origin, and physical or mental disabilities. Reasonable accommodations will be made for legally qualified disabilities.

|             |      |       |        |                   |
|-------------|------|-------|--------|-------------------|
| <b>NAME</b> | Last | First | Middle | Other names used: |
|-------------|------|-------|--------|-------------------|

|                |     |        |      |       |          |
|----------------|-----|--------|------|-------|----------|
| <b>ADDRESS</b> | No. | Street | City | State | Zip Code |
|----------------|-----|--------|------|-------|----------|

|                      |                 |              |
|----------------------|-----------------|--------------|
| <b>PHONE NUMBERS</b> |                 |              |
| Home (    )          | Business (    ) | Other (    ) |

|                          |        |            |        |
|--------------------------|--------|------------|--------|
| Driver's License Number: | Class: | Exp. Date: | State: |
|--------------------------|--------|------------|--------|

|                |   |
|----------------|---|
| Email Address: | Notification preference (select one):                         |
|                | <input type="checkbox"/> Email <input type="checkbox"/> Paper |

|  |                          |                          |
|--|--------------------------|--------------------------|
|  | <b>YES</b>               | <b>NO</b>                |
| 1. Have you ever been employed by the City of Cypress?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you have a relative currently employed by the City of Cypress as an employee or official?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Would you object to having any of your employers contacted regarding your work?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you ever been discharged or asked to resign from any position?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you ever been convicted of an offense other than a misdemeanor traffic violation since your eighteenth birthday? (Exclude convictions under Health and Safety Code No's 11357(b), (c); 11364; 11365; 11550, as they relate to marijuana prior to January 1st 1976; or statutory predecessor thereof, over two years from the date of such conviction.) <u>If you have, give details (date, place, charges and penalties) on a separate sheet. Place in an envelope marked 'confidential' and attach to your application.</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| If you answered yes to any of the above questions, please provide an explanation:<br>_____<br>_____<br>_____   |                          |                          |

List any languages other than English you can speak and understand. \_\_\_\_\_

**CIRCLE HIGHEST GRADE COMPLETED:**    1   2   3   4   5   6   7   8   9   10   11   12   Graduate?   Yes   No   G.E.D.?   Yes   No

**Name and location of High School:** \_\_\_\_\_

| COLLEGES, UNIVERSITIES, TRADE OR BUSINESS SCHOOLS ATTENDED | LOCATION | DATES ATTENDED | MAJOR/MINOR | NUMBER OF UNITS | TYPE OF DEGREE OR CERTIFICATE EARNED |
|--|----------|----------------|-------------|-----------------|--------------------------------------|
|  |          |                |             |                 |                                      |
|  |          |                |             |                 |                                      |
|  |          |                |             |                 |                                      |
|  |          |                |             |                 |                                      |

List any special training, licenses, certificate and/or specific coursework you have that will be helpful in the position applied for.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**EXPERIENCE:** List all positions held in the last ten years, paid or unpaid, beginning with your present or most recent experience. Attach additional sheets if more space is needed. By giving complete information you may improve your chances of employment. Resumes may be attached *but will not be accepted in lieu of complete answers.*

|  |                             |                           |         |   |
|--|-----------------------------|---------------------------|---------|---|
| From: _____ / _____ To: _____ / _____<br>Mo. Yr. Mo. Yr. | Title of Position:          |                           |         |   |
| Name and Address of Employer:                            | Description of Duties:      |                           |         |   |
|  |                             |                           |         |   |
|  |                             |                           |         |   |
| Name of Supervisor/Phone Number:                         |                             |                           |         |   |
| Reason for leaving:                                      | No. Supervised:<br>(If any) | No. of Hours<br>Per Week: | Salary: | <input type="checkbox"/> Hour <input type="checkbox"/> Month<br><input type="checkbox"/> Week |

|  |                             |                           |         |   |
|--|-----------------------------|---------------------------|---------|---|
| From: _____ / _____ To: _____ / _____<br>Mo. Yr. Mo. Yr. | Title of Position:          |                           |         |   |
| Name and Address of Employer:                            | Description of Duties:      |                           |         |   |
|  |                             |                           |         |   |
|  |                             |                           |         |   |
| Name of Supervisor/Phone Number:                         |                             |                           |         |   |
| Reason for leaving:                                      | No. Supervised:<br>(If any) | No. of Hours<br>Per Week: | Salary: | <input type="checkbox"/> Hour <input type="checkbox"/> Month<br><input type="checkbox"/> Week |

|  |                             |                           |         |   |
|--|-----------------------------|---------------------------|---------|---|
| From: _____ / _____ To: _____ / _____<br>Mo. Yr. Mo. Yr. | Title of Position:          |                           |         |   |
| Name and Address of Employer:                            | Description of Duties:      |                           |         |   |
|  |                             |                           |         |   |
|  |                             |                           |         |   |
| Name of Supervisor/Phone Number:                         |                             |                           |         |   |
| Reason for leaving:                                      | No. Supervised:<br>(If any) | No. of Hours<br>Per Week: | Salary: | <input type="checkbox"/> Hour <input type="checkbox"/> Month<br><input type="checkbox"/> Week |

|  |                             |                           |         |   |
|--|-----------------------------|---------------------------|---------|---|
| From: _____ / _____ To: _____ / _____<br>Mo. Yr. Mo. Yr. | Title of Position:          |                           |         |   |
| Name and Address of Employer:                            | Description of Duties:      |                           |         |   |
|  |                             |                           |         |   |
|  |                             |                           |         |   |
| Name of Supervisor/Phone Number:                         |                             |                           |         |   |
| Reason for leaving:                                      | No. Supervised:<br>(If any) | No. of Hours<br>Per Week: | Salary: | <input type="checkbox"/> Hour <input type="checkbox"/> Month<br><input type="checkbox"/> Week |

**ADDITIONAL REMARKS:** Provide information regarding specific job-related knowledge, skill and ability you have that would help you in the position applied for. Include ability to operate any equipment that is required on the job.

I hereby certify that all statements in this application are true and complete and that any misstatement or omission of material facts may subject me to disqualification or dismissal.

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

To comply with Federal Requirements in the area of Equal Employment Opportunity, the City of Cypress requests that applicant voluntarily provide the following information. This information will be treated confidentially and will not result in adverse treatment of any individual. This information may be provided to State and Federal regulatory agencies.

|   |   |      |  |        |  |          |      |
|---|---|------|--|--------|--|----------|------|
| Last Name                                   |   |      | First  | Middle | Social Security Number                             |          | Date |
|   |   |      |  |        | --   | --       |      |
| Address                                     |   | City |  |        | State  | Zip Code |      |
|   |   |      |  |        |  |          |      |
| Position applying for                       |   |      | Final Filing Date  |        | Gender   |          | Age  |
|   |   |      |  |        |  |          |      |
| How did you hear about this position?       |   |      |  |        | Ethnic Background:                                 |          |      |
| <input type="checkbox"/> Walk-in            | <input type="checkbox"/> City Employee              |      | <input type="checkbox"/> White                             |        | <input type="checkbox"/> Black                     |          |      |
| <input type="checkbox"/> Newspaper/Magazine | <input type="checkbox"/> City Job Line              |      | <input type="checkbox"/> Hispanic                          |        | <input type="checkbox"/> Asian or Pacific Islander |          |      |
| <input type="checkbox"/> City Website       | <input type="checkbox"/> Other: (be specific) _____ |      | <input type="checkbox"/> American Indian or Alaskan Native |        |  |          |      |