

WEST CITIES COMMUNICATION CENTER, JOINT POWERS AUTHORITY

APPLICATION FOR EMPLOYMENT

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

FOR HUMAN RESOURCES USE ONLY

Eligibility Review:
 ___ Qualified
 ___ Disqualified

 (POSITION TITLE)

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 West Cities Communication Center 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.

NAME	Last	First	Middle	Other names used:
-------------	------	-------	--------	-------------------

ADDRESS	No.	Street	City	State	Zip Code
----------------	-----	--------	------	-------	----------

PHONE NUMBERS		
Home ()	Business ()	Other ()

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

	YES	NO
1. Have you ever been employed by the West Cities Communication Center?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you have a relative currently employed by the West Cities Communication Center?	<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:

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: _____ / _____ 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: (If any)	No. of Hours Per Week:	Salary:	<input type="checkbox"/> Hour <input type="checkbox"/> Week	<input type="checkbox"/> Month
From: _____ / _____ To: _____ / _____ 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: (If any)	No. of Hours Per Week:	Salary:	<input type="checkbox"/> Hour <input type="checkbox"/> Week	<input type="checkbox"/> Month
From: _____ / _____ To: _____ / _____ 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: (If any)	No. of Hours Per Week:	Salary:	<input type="checkbox"/> Hour <input type="checkbox"/> Week	<input type="checkbox"/> Month
From: _____ / _____ To: _____ / _____ 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: (If any)	No. of Hours Per Week:	Salary:	<input type="checkbox"/> Hour <input type="checkbox"/> Week	<input type="checkbox"/> Month
<p>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.</p>					
<p>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.</p>					
Signature _____				Date _____	