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| APPLICATION FOR EMPLOYMENT | COMMUNITY DEVELOPMENT DEPARTMENT Community Administrative Support Worker (CASW) City of Los Angeles An Equal Employment Opportunity - Affirmative Action Employer |
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NOTICE TO ALL APPLICANTS: Complete the application accurately and completely. The information you provide will be used to determine your employment qualifications for the position for which you are applying. If you become employed by the Department this application will become a part of your permanent personnel records. Employment commitments are made subject to policies of the Civil Service Commission concerning personal background.

SECTION A

Please print (if you need additional space to complete any item you may attach an additional page).

| | | | | | |
|--|-------------------------------------|--|---|--|----------------------------|
| 1. POSITION: COMMUNITY ADMINISTRATIVE SUPPORT WORKER II | | | 4. HOME PHONE - Area & Number () | | |
| 2. NAME: LAST | FIRST | MIDDLE | 5. BUS. PHONE - Area, Number & Extension () Ext.: | | |
| 3. PRESENT ADDRESS: | | | | | |
| NUMBER | STREET | APT. NO. | | | |
| CITY | STATE | ZIP CODE | | | |
| 6. Name and location of Universities, Colleges, or other special training if related to this Position. | | | Major Courses Taken | Units Completed <u>Degrees/Certificates</u> | |
| | | | | | |
| | | | | | |
| | | | | | |
| Please indicate where you learned about this job. Write answer: | | | | | |
| Indicate job assignments for which you would wish to be considered based upon your experience and/or education. | | | a. | b. | c. |
| Indicate first date available for full time employment: | | | | | |
| 8. Most Positions require a California Drivers License and proof of automobile insurance. | | | | | |
| Drivers License | Issued by | Date Obtained | Expiration Date | | |
| Do you have a vehicle, which you are willing to use in the course of your employment on a daily basis? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | |
| Are you able to provide proof that your vehicle is insured as required by the State of California? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | |
| 9. Experience: Begin with your most recent job. List all jobs in the last 3 years. Also, list any other jobs, Military experience, or Volunteer experience related to the position. Include prior Summer Youth Employment Program experience. | | | | | |
| Dates of Employment | Name and Address of Employer | Title of Position - Description of Duties | | | Reasons for Leaving |
| From | | | | | |
| To | | | | | |
| Monthly Salary | | | | | |
| From | | | | | |
| To | | | | | |
| Monthly Salary | | | | | |
| From | | | | | |
| To | | | | | |
| Monthly Salary | | | | | |
| 10. HAVE YOU BEEN DISCHARGED OR TERMINATED FOR ANY REASON EXCEPT LAYOFF, FOR LACK OF WORK, OR HAVE YOU RESIGNED TO AVOID DISCHARGE WITHIN THE LAST 5 YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO If "Yes", please list date, employer and reason. | | | | | |
| 11. a) Have you ever been convicted of a crime other than minor traffic violations: <u>Write</u> Yes or No _____ | | | | | |
| If "Yes", fill in spaces below (Drunk, reckless or hit-run driving are not minor driving violations. You do not need to list juvenile convictions, which have been sealed by the court. However, you must list convictions for which you received a suspended sentence, probation, or fine.) | | | | | |
| List all convictions (Do Not list arrests) | | | | | |
| Offense: _____ | | Date: _____ | | | |
| Location: _____ | | Fine or Sentence: _____ | | | |
| Offense: _____ | | Date: _____ | | | |
| Location: _____ | | Fine or Sentence: _____ | | | |
| b) Are you currently on probation or parole? <u>Write</u> Yes or No _____ | | | | | |
| 12. CERTIFICATION | | | | | |
| I certify that all statements on this questionnaire are true and complete to the best of my knowledge. I understand false or incomplete statements shall be sufficient cause for disqualification or dismissal. | | | | | |
| _____ | | | _____ | | |
| SIGNATURE | | | DATE | | |

APPLICATION FOR EMPLOYMENT

COMMUNITY DEVELOPMENT DEPARTMENT Community Administrative Support Worker

City of Los Angeles
An Equal Employment Opportunity - Affirmative Action Employer

SECTION B EMPLOYMENT PROCESSING INFORMATION

This information is required to obtain final employment clearance and to complete Personnel/Payroll documents.

| | | | | |
|--|---|--------------------------------|------------------------------------|--|
| Name: Last | | First | | Middle |
| Birthdate: Month | Day | Year | | |
| Name and Relationship of Person to be Notified in case of Emergency | | | | |
| Address: Street | | City | Zip | 4. Home Phone - Area & Number () |
| Business Address: Street | | City | Zip | 5. Bus. Phone - Area, Number & Extension () Ext.: |
| U.S. Military Service | Active Duty (Dates) | | Type of Discharge: | Are you subject to Active Duty? |
| Branch: | From | To | Rate or Rank: | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| CAN YOU SUBMIT VERIFICATION OF THE LEGAL RIGHT TO WORK IN THE UNITED STATES AFTER AN EMPLOYMENT OFFER IS MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | |
| YOU WILL BE REQUIRED TO SUBMIT VERIFICATION OF THE LEGAL RIGHT TO WORK IN THE UNITED STATES WITHIN THREE (3) BUSINESS DAYS BEGINNING WITH YOUR FIRST DAY OF WORK. IN ACCORDANCE WITH THE IMMIGRATION REFORM AND CONTROL ACT OF 1986, WE ARE LEGALLY PROHIBITED FROM EMPLOYING ANYONE WHO CANNOT PROVIDE SUCH VERIFICATION. | | | | |
| Do you have a relative working now for the City of Los Angeles? Write Yes or No _____ | | | | |
| Name: _____ | | Relationship: _____ | | Department: _____ |
| Name: _____ | | Relationship: _____ | | Department: _____ |
| AFFIRMATIVE ACTION RESEARCH AND SPECIAL DATA. The City of Los Angeles is an Equal Employment Opportunity/Affirmative Action Employer. We request voluntary identification of your sex and ethnic/racial group so that we can monitor the effectiveness of our Equal Employment Opportunity program. Completing this section will not affect your employment. | | | | |
| Sex: <input type="checkbox"/> Male | Ethnic Group/Race: <input type="checkbox"/> Black | | <input type="checkbox"/> Caucasian | <input type="checkbox"/> Hispanic |
| <input type="checkbox"/> Female | <input type="checkbox"/> American Indian | <input type="checkbox"/> Asian | <input type="checkbox"/> Filipino | |
| Do you need any accommodations due to a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| If Yes, please describe the desired accommodations: _____ _____ | | | | |
| FEDERAL LAW P.L. 93-579 Section 7 (re: Federal Privacy Act and use of Social Security Nos.) Requires you be informed when asked for your social security number, that it must be provided for use in employment, personnel and payroll processes. Authority for requiring this information is based upon provisions of the City's payroll and personnel candidate processing system operational prior to January 1, 1975 and applicable federal law. | | | | |
| Social Security Number: _____ | | | | |
| _____ SIGNATURE | | | _____ DATE | |

SECTION C

DO NOT WRITE IN THE SPACE BELOW - for Human Resources use only

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|--------------------|------------------|---------------------------------|------------------------|
| Background Cleared | Appointment Date | Classification | Class Code |
| Fund # | Division # | Section/ Location of Assignment | |
| Hourly Rate | I-9 year | ID # Issued | Fingerprints Processed |
| CA DL # _____ | Exp. Date _____ | Make/Model of Vehicle _____ | |
| Ins. Policy _____ | Exp. Date _____ | | |