

# CITY OF CHATSWORTH EMPLOYMENT APPLICATION

1. POSITION APPLIED FOR:  FULL TIME     PART TIME     TEMPORARY  
 A. \_\_\_\_\_ B. \_\_\_\_\_ C. \_\_\_\_\_

2. FIRST NAME \_\_\_\_\_ MIDDLE \_\_\_\_\_  
 LAST \_\_\_\_\_ 3. SOCIAL SECURITY NUMBER \_\_\_\_\_

4. ADDRESS, NUMBER, AND STREET \_\_\_\_\_

5. CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

6. HOME NUMBER \_\_\_\_\_ CELL PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

7. WHEN WOULD YOU BE AVAILABLE FOR EMPLOYMENT? \_\_\_\_\_

8. WHAT IS THE MINIMUM SALARY YOU WOULD ACCEPT? \_\_\_\_\_

9. HAVE YOU BEEN EMPLOYED PREVIOUSLY BY THIS JURISDICTION?  YES  NO

10. SINCE YOUR 17<sup>TH</sup> BIRTHDAY, HAVE YOU EVER BEEN CONVICTED OF ANY VIOLATION OF THE LAW OTHER THAN MINOR TRAFFIC VIOLATIONS?  YES  NO

11. DO YOU HOLD A CURRENT PROFESSIONAL (PHYSICIAN, TEACHING, ETC.) LICENSE?  YES  NO

12. ARE YOU A HIGHSCHOOL GRADUATE OR DO YOU HOLD A GED CERTIFICATE?  YES  NO

IF "NO" CIRCLE THE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 9 10 11 12

13.

TYPE OF SCHOOL	SCHOOL NAME & ADDRESS	HRS/CREDIT	MAJOR	DEGREE	GRAD.DATE
BUSINESS/TRADE SCHOOL					
COLLEGE					
COLLEGE					
GRADUATE SCHOOL					

14. HAVE YOU EVER BEEN IN THE ARMED FORCES?  YES  NO IF SO, LIST BRANCH AND DATES:

\_\_\_\_\_  
 \_\_\_\_\_

(USE ADDITIONAL SHEETS IF NECESSARY)

EMPLOYED: FROM \_\_\_\_\_ TO PRESENT \_\_\_\_\_ TOTAL YEARS \_\_\_\_\_ MONTHS \_\_\_\_\_

STARTING SALARY \$ \_\_\_\_\_ PER \_\_\_\_\_ FINAL SALARY \$ \_\_\_\_\_ PER \_\_\_\_\_

EMPLOYER \_\_\_\_\_ EMPLOYER PHONE \_\_\_\_\_

EMPLOYER ADDRESS \_\_\_\_\_

KIND OF BUSINESS \_\_\_\_\_ YOUR POSITION \_\_\_\_\_

SPECIFIC DUTIES \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

EMPLOYED: FROM \_\_\_\_\_ TO PRESENT \_\_\_\_\_ TOTAL YEARS \_\_\_\_\_ MONTHS \_\_\_\_\_

STARTING SALARY \$ \_\_\_\_\_ PER \_\_\_\_\_ FINAL SALARY \$ \_\_\_\_\_ PER \_\_\_\_\_

EMPLOYER \_\_\_\_\_ EMPLOYER PHONE \_\_\_\_\_

EMPLOYER ADDRESS \_\_\_\_\_

KIND OF BUSINESS \_\_\_\_\_ YOUR POSITION \_\_\_\_\_

SPECIFIC DUTIES \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

EMPLOYED: FROM \_\_\_\_\_ TO PRESENT \_\_\_\_\_ TOTAL YEARS \_\_\_\_\_ MONTHS \_\_\_\_\_

STARTING SALARY \$ \_\_\_\_\_ PER \_\_\_\_\_ FINAL SALARY \$ \_\_\_\_\_ PER \_\_\_\_\_

EMPLOYER \_\_\_\_\_ EMPLOYER PHONE \_\_\_\_\_

EMPLOYER ADDRESS \_\_\_\_\_

KIND OF BUSINESS \_\_\_\_\_ YOUR POSITION \_\_\_\_\_

SPECIFIC DUTIES \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

**REFERENCES:**

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

**I HEREBY CERTIFY THAT ALL STATEMENTS MADE ON THIS FORM ARE TRUE TO THE BEST OF MY KNOWLEDGE. I FULLY REALIZE THAT SHOULD AN INVESTIGATION DISCLOSE ANY MISREPRESENTATION, I WILL BE SUBJECT TO IMMEDIATE DISMISSAL.**

DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ SIGNATURE \_\_\_\_\_

**FOR EEOC REPORTS:**

RACE: \_\_\_\_\_ SEX (CIRCLE ONE) M F MARITAL STATUS \_\_\_\_\_

NATIONAL ORIGIN \_\_\_\_\_ CITIZENSHIP \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ RELIGION \_\_\_\_\_

**EQUAL OPPORTUNITY EMPLOYER**