



Thank you for expressing interest in joining the City of Whittier Team.
Instructions for completing the City of Whittier Employment
Application appear below for your convenience.

1. Use the tab key to navigate through the form.
 2. Use the space bar or the mouse to check the appropriate boxes.
 3. If the information you are entering does not fit, please abbreviate or use a separate sheet of paper.
 4. Print all the pages.
 5. Sign the application in ink.
 6. Mail your employment application to: **City of Whittier
Human Resources
13230 Penn Street
Whittier, CA 90602-1772**
- Applications must be received by Human Resources as indicated in the recruitment notice. Recruitment notices are available on our website at <http://www.cityofwhittier.org>.
 - Supplemental information, if required, must be completed and returned with your Employment Application.
 - A résumé may be provided with your completed City of Whittier Employment Application (but is not accepted in lieu of an Application).
 - The Applicant Data Form located on the last page is **optional** and is part of our Equal Employment Opportunity/Diversity Program. Completion of this section is **voluntary** and is **NOT** part of the selection process. It will be detached from your application and will be used for statistical purposes only.



City of Whittier

HUMAN RESOURCES
13230 Penn Street
Whittier, CA 90602-1772
Phone (562) 567-9830
www.cityofwhittier.org

EMPLOYMENT APPLICATION FOR THE POSITION OF:

APPLICANT INSTRUCTIONS: Please read the recruitment announcement for the position desired. If you possess the qualifications for the job, show clearly on this application all previous education, training and work experience which qualify you for this position. Print, using ink or typewriter. Answer all questions accurately and completely. All statements in your application are subject to verification and incorrect or incomplete statements may bar or remove you from employment. Read the Certificate of Applicant in Section 6 carefully before signing.

1. PERSONAL DATA

| | | | | |
|---|---------|----------|---|--|
| Name (Last) | (First) | (Middle) | Area Code | Home Telephone |
| Home Address (Number and Street) | | | Area Code | Work Telephone |
| (City, State & Zip) | | | Area Code | Cell/Mobile Telephone |
| Do you have a valid Driver's License? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | Are you at least 18 years of age? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| State: _____ Number: _____ Class: _____ Expiration Date: _____ | | | If no, can you submit a valid work permit? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| Can you perform the essential functions of the job for which you are applying, with or without reasonable accommodations? | | | | YES <input type="checkbox"/> NO <input type="checkbox"/> |

2. EDUCATION AND TRAINING (Attach additional sheets if necessary)

| Name and Location of Last Grade or High School Attended | Indicate Highest Grade Completed (1-12) | | | Did you graduate? | Do you have a GED Certificate? | |
|--|---|-----|-----|--|--------------------------------|-----------------------------|
| | | | | YES <input type="checkbox"/> NO <input type="checkbox"/> | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Name and location of Colleges, Universities, Business or Trade Schools Attended | Number of Units Completed | Sem | Qtr | Major Subjects | Title of Degree or Certificate | Dates Received or Expected |
| | | | | | | |
| Please describe additional course work or training (including military) which would qualify you for this position. | | | | | | |
| Please list certificates or licenses of professional or vocational competence you possess which relate to this position. | | | | | | |
| Please describe any pertinent skills you have such as typing, shorthand, computer (hardware and software), machine or equipment operation, or foreign language skills. | | | | | | |
| U.S. Armed Forces | | | | | | |
| Branch of Service: | Years of Active Duty: | | | Date of Separation from Active Duty: | | |

3. A "YES" ANSWER TO ANY OF THE NEXT 2 QUESTIONS REQUIRES AN EXPLANATION UNDER SECTION 4.

A. Have you ever been employed by the City of Whittier? YES NO From _____ To _____ Department _____

B. Are you related to anyone currently employed by the City of Whittier? YES NO Name _____ Department _____

4. ADDITIONAL INFORMATION

Use this space to provide additional information as required by this application, or to describe in greater detail any aspects of your experience or activities that are pertinent to the job you are seeking.

AN EQUAL OPPORTUNITY EMPLOYER

5. EXPERIENCE: List all jobs you have held in the last ten years beginning with your most recent job including pertinent military service and volunteer work. List each promotion as a separate job. If you need more space, you may attach additional sheets. Complete this section even if you are attaching a résumé.

MAY WE CONTACT YOUR PRESENT EMPLOYER? (Check One) Not Applicable Please Do Please Don't

| | |
|---|--|
| From: _____ To: _____ Mo. Yr. Mo. Yr. Name and Address of Employer: _____ | Title of Your Position: _____ Duties You Performed: _____ |
| Name of Supervisor: _____ Reason for Leaving: _____ | No. Supervised (if any): _____ Hours per Week: _____ |
| From: _____ To: _____ Mo. Yr. Mo. Yr. Name and Address of Employer: _____ | Title of Your Position: _____ Duties You Performed: _____ |
| Name of Supervisor: _____ Reason for Leaving: _____ | No. Supervised (if any): _____ Hours per Week: _____ |
| From: _____ To: _____ Mo. Yr. Mo. Yr. Name and Address of Employer: _____ | Title of Your Position: _____ Duties You Performed: _____ |
| Name of Supervisor: _____ Reason for Leaving: _____ | No. Supervised (if any): _____ Hours per Week: _____ |
| From: _____ To: _____ Mo. Yr. Mo. Yr. Name and Address of Employer: _____ | Title of Your Position: _____ Duties You Performed: _____ |
| Name of Supervisor: _____ Reason for Leaving: _____ | No. Supervised (if any): _____ Hours per Week: _____ |
| From: _____ To: _____ Mo. Yr. Mo. Yr. Name and Address of Employer: _____ | Title of Your Position: _____ Duties You Performed: _____ |
| Name of Supervisor: _____ Reason for Leaving: _____ | No. Supervised (if any): _____ Hours per Week: _____ |

6. CERTIFICATE OF APPLICANT – PLEASE READ CAREFULLY

I have read and understand all the information contained in this application. I authorize the release of information concerning my qualifications, character, or prior employment record to the City of Whittier through inquiries to any sources, except as noted under Section 5. I certify that all statements in the application are true and complete; that there are no misrepresentations, falsifications, or omissions of material fact and I am aware that any misstatements or omissions of material fact may cause rejection of my application, disqualification from competing for, or discharge from any employment in this jurisdiction. Furthermore, I may be required to submit verification of any information provided on this application. I understand that as a condition of employment I may be required to take and pass medical and psychological tests including drug and alcohol screens, background and reference checks.

Signature: _____ Date: _____



CITY OF WHITTIER APPLICANT DATA FORM

In order for the City of Whittier to evaluate applicant flow patterns as part of our Equal Employment Opportunity/Diversity Program, we would appreciate your **voluntary** cooperation in providing the following information. **THIS INFORMATION IS NOT PART OF THE SELECTION PROCESS.** It will be detached from your application and will be used for statistical purposes only.

Name: _____

Position Applied for: _____

Ethnic Background (Please check one):

- WHITE** (not of Hispanic origin): All persons having origins in any of the peoples of Europe, North Africa or the Middle East.
- BLACK** (not of Hispanic origin): All persons having origins in any of the Black racial groups of Africa.
- HISPANIC**: All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture of origin, regardless of race.
- ASIAN** or **PACIFIC ISLANDER**: All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands and Samoa.
- AMERICAN INDIAN** or **ALASKAN NATIVE**: All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

GENDER (Please check one): Male Female

Please check all that apply: Under 18 18-39 40 and over Individual with a Disability

How did you learn about this job opening?

- | | | |
|--|--|---|
| <input type="checkbox"/> Los Angeles Times | <input type="checkbox"/> Whittier Daily News | <input type="checkbox"/> Professional Journal (specify below) |
| <input type="checkbox"/> Orange County Register | <input type="checkbox"/> City of Whittier City Hall | <input type="checkbox"/> From a friend or relative |
| <input type="checkbox"/> Long Beach Press Telegram | <input type="checkbox"/> City of Whittier Web Site | <input type="checkbox"/> From a City employee |
| <input type="checkbox"/> La Opinion | <input type="checkbox"/> Other City Hall (specify below) | <input type="checkbox"/> Other (specify below) |
| <input type="checkbox"/> Los Angeles Sentinel | <input type="checkbox"/> Other Web Site (specify below) | |

Specify information here: _____