

APPLICATION FOR EMPLOYMENT
City of Los Angeles
DEPARTMENT OF RECREATION AND PARKS
An Equal Employment Opportunity—Affirmative Action Employer (Page 1 of 2)

NOTICE TO ALL APPLICANTS: Complete this 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 part of your permanent personnel records. Employment commitments are made subject to clearance by the City Health Officer, compliance with legal age requirements for the position; application of policies of the Recreation and Parks Commission concerning employment of relatives and policies of the Civil Service Commission concerning personal background.

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

| | | | |
|--|-------------------------------------|---|---|
| 1. Position (Use official job class title) | | 4. Primary Phone Number | |
| 2. Last Name First Name Middle (Must match Social Security Card) | | 5. Email Address | |
| 3. Present Address: Number Street Apt. No. | | 6. If you are NOT a U.S. Citizen do you have the legal right to work in the U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO If NO, attach explanation. (Do not answer if you are a U.S. Citizen) | |
| City State | Zip Code | | |
| 7. Name and Location of Trade School, Vocational or Business School or other special training if related to the Position | | Major or Courses Taken | Units completed, Degrees or Certificates |
| | | | |
| | | | |
| | | | |
| 8. Special Certificates or Licenses held, if relevant to the job: | | | |
| Name of Certificate or License, including Driver's License | Issued by | Date Obtained | Expiration Date if any |
| | | | |
| | | | |
| | | | |
| 9. Experience: Begin with your most recent job. List all jobs in the last 5 years. Also, list any other jobs, Military experience, or Volunteer experience related to the position. | | | |
| DATES OF EMPLOYMENT | NAME AND ADDRESS OF EMPLOYER | POSITION TITLE AND DUTIES | REASON FOR LEAVING |
| FROM | | | |
| TO | | | |
| FROM | | | |
| TO | | | |
| FROM | | | |
| TO | | | |
| FROM | | | |
| TO | | | |
| FROM | | | |
| TO | | | |

10. Have you been discharged or terminated for any reason except layoff, for lack of work, or have you resigned to avoid discharged within the last five (5) years? Yes No
 If "Yes", please list date, employer, and reason: _____

11. CERTIFICATION

I certify that all statements on this application 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 _____

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EMPLOYMENT PROCESSING INFORMATION

| | | | | | | | | | | | |
|--|------------|----------------------------------|---------------------|-----------------------------------|-------------------|--|----------------------------|--|------------|------------|------|
| Complete the following information. This information is required to obtain final employment clearance and to complete Human Resources/Payroll documents. | | | | | | | | | | | |
| Last Name | | | First Name | | | | Middle | | | | |
| Age | Birthdate: | | Month | Day | Year | Height ft. in. | | Weight lbs. | Color Hair | Color Eyes | |
| Male <input type="checkbox"/> | | Married <input type="checkbox"/> | | Divorced <input type="checkbox"/> | | Circle last grade of school completed | | | | | |
| Female <input type="checkbox"/> | | Single <input type="checkbox"/> | | Widowed <input type="checkbox"/> | | 8 or less 9 10 11 12 13 14 15 16 | | | | | |
| Emergency Contact: | | | | | | | | | | | |
| Name: | | | | | Relationship: | | | | | | |
| Address (Street) | | | (City) | | | (Zip) | | Home Phone | | | |
| | | | | | | | Area | | Number | | |
| Business Address (Street) | | | (City) | | | (Zip) | | Business Phone | | | |
| | | | | | | | Area | | Number | | Ext. |
| U. S. Branch | | Active Duty (Dates) | | | Type of Discharge | | | Are you subject to Active Duty? | | | |
| Military Service | | From | To | | Rate or Rank | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Have you ever been employed by the City of Los Angeles Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | | | | | | | |
| If 'Yes', list last Department, last civil service classification and dates of employment. | | | | | | | | | | | |
| IF YOU ARE NOT A U.S. CITIZEN, what is the basis for your legal right to remain and work in the U.S.? _____ | | | | | | | | | | | |
| Expiration date, if any _____ | | | | | | | | | | | |
| If you are to be employed in a position EXEMPT FROM CIVIL SERVICE, a copy of your proof of Legal right to work in the U.S. must be forwarded to the Personnel Division with this application. | | | | | | | | | | | |
| Do you have a relative working now for Department of Recreation & Parks? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | | | | | | | |
| Name | | | Relationship | | | | Department/Division | | | | |
| _____ | | | _____ | | | | _____ | | | | |
| _____ | | | _____ | | | | _____ | | | | |
| 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 _____ | | | | | |