



CITY OF INGLEWOOD

One Manchester Boulevard * Inglewood CA 90301 * (310) 412-5460

www.cityofinglewood.org

"A Fair and Equitable Employer"

OFFICE USE ONLY
TIME STAMP

POSITION APPLYING FOR:

(State Exact Job Title as listed on Job Announcement)

Please Print Clearly. Type or Use BLACK Ink

1. NAME: _____ / _____ / _____
First Name Middle Initial Last Name

2. HOME ADDRESS: _____
Number City State Zip

3. CONTACT NUMBER(S): Home: (____) _____ EMAIL: _____

4. DRIVER'S LICENSE: _____ / _____ / _____ SOCIAL SECURITY NUMBER: ____ - ____ - ____
Class Number State

5. HOW DID YOU LEARN ABOUT THIS EMPLOYMENT OPPORTUNITY? _____

6. ARE YOU RELATED TO ANYONE WORKING FOR THE CITY OF INGLEWOOD? YES NO

IF YES, NAME: _____ RELATIONSHIP: _____ DEPT: _____

7. HAVE YOU EVER WORKED FOR THE CITY OF INGLEWOOD? YES NO

IF YES, WHAT DEPARTMENT _____ DATES EMPLOYED: _____

8. HAVE YOU EVER BEEN TERMINATED OR ASKED TO RESIGN FROM A POSITION? YES NO

IF YES, WHAT EMPLOYER: _____ WHEN: _____

9. WHAT LANGUAGE OTHER THAN ENGLISH DO YOU READ, WRITE, AND SPEAK: _____

10. IF OFFERED A POSITION, CAN YOU PROVIDE PROOF OF YOUR LEGAL RIGHT TO WORK IN THE US? YES NO

11. ARE YOU INTERESTED IN TEMPORARY PART TIME AND/OR SEASONAL ASSIGNMENTS? YES NO

| 12. NAME OF HIGH SCHOOL | LOCATION | DIPLOMA/GED |
|---|----------|--|
| | | |
| 13. COLLEGE, UNIVERSITY, or TRADE SCHOOL ATTENDED | LOCATION | DEGREE EARNED AA, BA/BS, MA/MS or Certification |
| | | |
| | | |
| | | |

List your most recent experience first. Carefully account for all employment, paid or unpaid, over the last TEN (10) years. If you wish to elaborate on your experience, a resume may be attached, but this section must be completed. Include military service if applicable. **Do NOT put "SEE RESUME" in any part of employment history section.**

JOB TITLE: _____
FROM: _____ to _____
Mo/Yr Mo/Yr
EMPLOYER: _____
ADDRESS: _____
SUPERVISOR NAME: _____
PHONE: _____
SALARY: _____ per Hour or Month

DUTIES PERFORMED:

JOB TITLE: _____
FROM: _____ to _____
Mo/Yr Mo/Yr
EMPLOYER: _____
ADDRESS: _____
SUPERVISOR NAME: _____
PHONE: _____
SALARY: _____ per Hour or Month

DUTIES PERFORMED:

JOB TITLE: _____
FROM: _____ to _____
Mo/Yr Mo/Yr
EMPLOYER: _____
ADDRESS: _____
SUPERVISOR NAME: _____
PHONE: _____
SALARY: _____ per Hour or Month

DUTIES PERFORMED:

APPLICATION CERTIFICATION: I certify that all statements made on this application are true and complete, and that any misstatement of any listed material facts or omission of material facts may subject me to disqualification from the selection process and/or termination of employment.

WAIVER AND RELEASE: I further authorize my past employers, schools and references to provide any and all pertinent information concerning me and release all parties from liability for any damages that may result from furnishing such information to you."

SIGNATURE: _____ DATE: _____

All applicants must complete and submit conviction supplement as part of the application package.

RETURN APPLICATION AND CONVICTION SUPPLEMENTAL TO:

City of Inglewood - HR Department * One Manchester Boulevard 8th Floor * Inglewood CA 90301



Human Resources Department CONVICTION SUPPLEMENT

IMPORTANT NOTICE:

This form must be completed and submitted with your job application. The existence of a criminal record does **NOT** automatically disqualify you from employment with the City of Inglewood. However failure to list all convictions may result in your immediate disqualification from and/or termination of employment. [PLEASE PRINT](#)

JOB TITLE: _____
AS LISTED ON JOB ANNOUNCEMENT

NAME: _____
Last Name First Middle Initial

DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER _____

Have you as an **ADULT** ever pleaded guilty, been convicted, fined, imprisoned, placed on probation, or given a suspended sentence for any felony (or misdemeanor less than five years) violation of law?

NOTE: You may omit minor traffic violations, unless a warrant was issued for your arrest for failure to pay fines or appear for sentencing.

NO YES

If **YES**, you are **REQUIRED** to complete all offense information below.

| PENAL CODE | DATE OF CONVICTION | CITY AND STATE | BRIEF DESCRIPTION OF OFFENSE |
|------------|--------------------|----------------|------------------------------|
| | | | |
| | | | |
| | | | |

CERTIFICATION: I certify that I have listed all of my criminal convictions and that the above list is true and accurate. I also understand that if I am convicted of a felony or misdemeanor during the course of my employment with the City, I shall notify and provide the Human Resources Department with the Penal Code violation and brief description of the offense within three business days of the conviction.

APPLICANT SIGNATURE: _____ DATE: _____

FOR HUMAN RESOURCES/ADMINISTRATION USE ONLY

APPROVED: NOT APPROVED:

REVIEWED BY: _____ DATE _____