



CITY OF INGLEWOOD

One Manchester Boulevard | Inglewood CA 90301 | (310) 412-5460
www.cityofinglewood.org

OFFICE USE ONLY
TIME STAMP

POSITION APPLYING FOR: _____
(Print Exact Job Title as listed on Job Announcement)

PLEASE COMPLETE ALL SECTIONS

1. NAME: _____ | _____ | _____
FIRST NAME MI LAST NAME

2. HOME ADDRESS: _____
Street Number City State Zip

3. CONTACT NUMBER: () _____ EMAIL: _____

4. DRIVER'S LICENSE: _____ | _____ | _____ SOCIAL SECURITY NO. _____ - _____ - _____
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. ARE YOU A MEMBER OF THE CALIFORNIA PUBLIC RETIREMENT SYSTEM (CalPERS)? YES NO

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

10. SAFETY SENSITIVE ONLY - HAVE YOU FAILED OR REFUSED TO TAKE A PRE-EMPLOYMENT DEPARTMENT OF TRANSPORTATION (DOT). DRUG AND ALCOHOL TEST IN THE LAST TWO YEARS? YES NO

IF YES, TO 9 OR 10, WHAT EMPLOYER: _____ WHEN: _____

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

12. NAME OF HIGH SCHOOL	LOCATION	DIPLOMA / GED
13. COLLEGE, UNIVERSITY, TRADE SCHOOL ATTENDED	LOCATION	DEGREE EARNED AA, BA/BS, Masters
CERTIFICATES / LICENSE:		

LIST YOUR MOST RECENT EXPERIENCE FIRST. Carefully account for all employment/experience, 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 THE EMPLOYMENT HISTORY SECTION.**

TITLE: _____

DUTIES PERFORMED:

FROM: _____ to _____
Mo/Yr. Mo/Yr.

EMPLOYER: _____

ADDRESS: _____

PHONE: _____

SUPERVISOR NAME: _____

TITLE: _____

DUTIES PERFORMED:

FROM: _____ to _____
Mo/Yr. Mo/Yr.

EMPLOYER: _____

ADDRESS: _____

PH: _____

SUPERVISOR NAME: _____

TITLE: _____

DUTIES PERFORMED:

FROM: _____ to _____
Mo/Yr. Mo/Yr.

EMPLOYER: _____

ADDRESS: _____

PH: _____

SUPERVISOR NAME: _____

APPLICATION CERTIFICATION: I certify that all statements made on this application are accurate 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 or termination of employment.

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

SIGNATURE: _____ DATE: _____

RETURN APPLICATION & SUPPORTING DOCUMENTS IN A PDF FORMAT TO: Human_Resources@CityofInglewood.org