



Accept .....  
Late .....  
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Checked by .....

## CITY OF PICO RIVERA EMPLOYMENT APPLICATION

### Instructions

*(Please read carefully)*

This application is the initial part of the examination process and must be filled out completely. Incomplete or illegible applications may be subject to disqualification.

1. Print or type information
2. If question does not apply to you, write "N/A"
3. Use the exact title of the position for which you are applying
4. A separate application is required for each position
5. Resumes will not be accepted in lieu of a completed application
6. Documents submitted with this application will not be returned

### General Background Information

Exact title of position you are applying for: .....

01. Name .....  
*Last*
*First*
*Middle*

Address .....  
*Number and Street Name*
*Apt.#*

.....  
*City*
*State*
*Zip Code*

02. Telephone: Home (     ) ..... Business (     ) ..... Other (     ) .....

03. Driver's License No. .... Class ..... State .....

04. Have you ever been employed by City of Pico Rivera:  Yes  No

If yes, please complete the following:

Dates: *from* ..... *to* ..... Department: ..... Position: .....

05. Are any of your relatives employed by City of Pico Rivera:  Yes  No

If yes, please complete the following:

Name ..... Relation .....

*(A "yes" answer is not an automatic bar to employment)*

06. Can you with or without reasonable accommodation perform the essential functions of this job?  Yes  No

*(If you need additional information on essential job duties please let us know during the interview.)*

07. Have you ever been discharged or asked to resign from a job?  Yes  No

If yes, please explain: .....

08. If you are not a U.S. citizen, can you verify your legal right to work in the United States?  Yes  No  N/A

09. Have you ever been convicted of a felony?  Yes  No

If yes, please list and explain conviction: .....

*(Conviction will not necessarily disqualify an applicant from employment.)*

### Education and Training

Circle highest school grade completed:    1   2   3   4   5   6   7   8   9   10   11   12    Graduated?  Yes  No

Name of last high school attended: ..... City/State .....

COLLEGE, BUSINESS OR TRADE SCHOOL ATTENDED <i>(Name and Location)</i>	DEGREE & YEAR	MAJOR SUBJECT	SEMESTER/QTR. UNITS <i>Completed</i>
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If a license or certificate is required for this position, list those which you possess and give date(s) of expiration:

.....  
.....

### CITY OF PICO RIVERA

HUMAN RESOURCES OFFICE | 6615 PASSONS BLVD. | PICO RIVERA, CALIFORNIA 90660 | TELEPHONE: (562) 801-4387

*An Equal Opportunity-Affirmative Action Employer*

www.pico-rivera.org

### CITY OF PICO RIVERA ETHNIC DATA INFORMATION

The Equal Employment Opportunity Act requires the City of Pico Rivera to keep statistical records concerning the ethnic backgrounds of job applicants for the purpose of judging the effectiveness of Equal Employment Opportunity Programs. The information provided on this form is for statistical purposes only and will not be utilized as part of the selection process.

Position Applied for: .....

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Male   | <input type="checkbox"/> White (Non Hispanic) | <input type="checkbox"/> Asian (Person of Far Eastern, Southeast Asian, Indian sub-continent, or Pacific Islands origin. This includes Chinese, Japanese, Korean, Indian, Filipino, Samoan, etc.) |
| <input type="checkbox"/> Female   | <input type="checkbox"/> Black (Non Hispanic) | <input type="checkbox"/> American Indian or Alaskan Native  |
| <input type="checkbox"/> Hispanic (Person of Mexican, Cuban, Puerto Rican, Central or South American origin or other Latin culture) |   |   |

*Note: The category Hispanic, while not a race identification, is included as a separate ethnic category for reporting purposes.*

#### AGE RANGE (Check one)

- 17 & Under  
 18-25  
 26-40  
 41+

#### OTHER INFORMATION

- Disabled Individual  
 Vietnam Era Veteran (Served between 8/5/64 & 6/7/75)  
 Disabled Veteran  
 Other please specify: .....

How did you hear about our job? .....

Please indicate if you require a job or interview accommodation due to a disability (includes impaired sight, hearing, speech, physical or mental abilities which substantially limits a major life activity.)

Please specify accommodation needed: .....

