



# CITY OF IRVINE EMPLOYMENT APPLICATION

TYPE OR PRINT IN INK ONLY

PLEASE READ INSTRUCTIONS THOROUGHLY

Exact title of position for which you are applying:

Last Name	First Name	MI	Social Security Number:
			- -

Street Address	Apt #	City	State	Zip Code

FILL OUT BOTH SIDES OF THIS FORM COMPLETELY. THE CITY WILL ONLY CONSIDER INFORMATION CONTAINED ON THE APPLICATION FORM OR SUPPLEMENTAL MATERIALS SPECIFICALLY REQUESTED FOR THIS RECRUITMENT TO DETERMINE YOUR QUALIFICATIONS FOR THE POSITION FOR WHICH YOU ARE APPLYING. A RESUME MAY NOT BE PROVIDED IN LIEU OF A COMPLETED APPLICATION FORM. **IF YOU NEED MORE SPACE FOR YOUR JOB RECORD, USE THE SAME FORMAT ON PLAIN WHITE PAPER.**

Please list any other name(s) you have used previously that are different than your current name:

<b>DRIVER'S LICENSE:</b> Check box of valid Driver's License you have: <input type="checkbox"/> Class C (auto) <input type="checkbox"/> Class A (heavy trucks, tractor/trailer) <input type="checkbox"/> Class B (buses) <input type="checkbox"/> Class M (motorcycle)	License Number: _____ State: _____ Expires: _____
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Phone: Home ( ) _____ Cell: ( ) _____ Message: ( ) _____	Phone: Work ( ) _____ May we contact you at work? YES <input type="checkbox"/> NO <input type="checkbox"/> E-mail: _____
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### EDUCATION/LICENSE/CERTIFICATE

**Education:** Highest grade completed in High School: \_\_\_\_\_ Check degree/certificate you have:  High School Diploma     G.E.D. Certificate  
 California High School Proficiency Test

High School Attended: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

College Attended	Degree Completed	Major Subject	Number of Units Completed	
			Semester	Quarter

GRADE AVERAGE FOR COLLEGE UNITS: Associate \_\_\_\_\_ Bachelor \_\_\_\_\_ Master \_\_\_\_\_ Ph.D. \_\_\_\_\_

Language(s) you speak fluently other than English:

Relevant Professional License/Certificate Possessed:	Number:

Issued By:

**Current or previous employment with the City of Irvine:** (Check one box)

Never  Current  Former  Job Title: \_\_\_\_\_

Date employed with the City of Irvine: From: \_\_\_\_\_ To: \_\_\_\_\_

**ARE ANY OF YOUR RELATIVES EMPLOYED BY THE CITY OF IRVINE?** Yes  No

If yes, give name, relationship, and position held. \_\_\_\_\_

**HAVE YOU EVER BEEN CONVICTED OF A CRIME OTHER THAN A TRAFFIC VIOLATION?** Yes  No

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

***If yes, please attach a written explanation of circumstances, places and dates.***

HUMAN RESOURCES USE ONLY	RATERS _____
ED _____ EXP _____ SS _____ O _____	# _____

**Return To: Receptionist – City of Irvine, One Civic Center Plaza, Irvine, CA 92606-5208 (949) 724-6200**

FORM 20-01,REV 06/03[WORD]

**THIS SECTION MUST BE COMPLETED**

**EXPERIENCE:** Begin with your most recent experience. List all experience gained in the last ten years, including periods of self-employment and military service. **If you have held more than one position with the same employer, please list each position.** Give full details about experience, which in your opinion makes you qualified for the job for which you are applying. In addition, list any volunteer experience, which you believe has enhanced your qualifications. For full consideration, you must provide all information requested about your qualifications and work record.

**IF YOU NEED MORE SPACE FOR YOUR JOB RECORD, USE THE SAME FORMAT ON PLAIN WHITE PAPER.**

Mo/Yr to Mo/Yr Number of Years # Hours Per Week F/T <input type="checkbox"/> P/T <input type="checkbox"/>	Name and Address of Business or Agency/Department	Title of Your Position  Name of Supervisor	No. of Empl. You <b>Fully</b> Supervised  Supervisor's Phone No.
Salary \$ Monthly <input type="checkbox"/> Hourly <input type="checkbox"/> Reason for Leaving	<i>Describe your duties fully.</i>		

Mo/Yr to Mo/Yr Number of Years # Hours Per Week F/T <input type="checkbox"/> P/T <input type="checkbox"/>	Name and Address of Business or Agency/Department	Title of Your Position  Name of Supervisor	No. of Empl. You <b>Fully</b> Supervised  Supervisor's Phone No.
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Salary \$ Monthly <input type="checkbox"/> Hourly <input type="checkbox"/> Reason for Leaving	<i>Describe your duties fully.</i>		

**AGREEMENT: READ CAREFULLY BEFORE SIGNING**

I certify that all statements made in this application are true and complete and I authorize investigation of all matters herein contained, however, I understand that the City will not contact my present employer without my knowledge. I agree and understand that any misrepresentation or omission of a fact may result in rejection of my application, refusal of employment, removal of my name from an eligibility list, and/or dismissal from employment with the City of Irvine. I agree to undergo a post-offer physical examination by a City physician (at City expense) and will submit to a drug test if it is a requirement for the job. I fully understand that employment is contingent upon meeting the City's physical requirements and relevant Dept. of Justice criminal background investigation. I further agree to be fingerprinted and to furnish proof of eligibility to work in the United States, as may be directed. I also authorize the employers, schools and persons named above to provide any additional information regarding my qualifications and character including, but not limited to, statements and documents, and I hereby waive my right to bring any legal action whatsoever for release of any information regarding my past. I hereby release said employers, schools, or persons from all liability for any damages caused by issuing this information, whether or not I agree with the information furnished. I fully understand that this application does not constitute an expressed or implied contract.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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**Job Line: (949) 724-6200**