



Thank you for expressing interest in joining the City of Montebello Team.

Instructions for completing the City of Montebello Employment Application appear below for your convenience.

1. Print all pages.
2. Complete in type or black ink.
3. Sign the application in ink.
4. Mail your employment application to:

**City of Montebello
Department of Human Resources
1600 W. Beverly Boulevard
Montebello, California 90640**

or

**Bring in person
Monday – Thursday
7:30 a.m. – 5:30 p.m.**

- Applications must be received by the Department of Human Resources by the filing deadline as indicated in the recruitment bulletin. Recruitment bulletins are available on our website at www.cityofmontebello.com or by calling (323) 887.1380.
- We require an original signature; therefore, **faxed or emailed applications are not accepted.**
- Supplemental applications, if required, must be completed and returned with your Employment Application by the filing deadline.
- Attachments (DMV printouts, proof of education, etc.), if required, must be returned with your Employment Application by the filing deadline.
- A resume may be provided with your completed City of Montebello Application (but it is not accepted in lieu of an application).



City of Montebello

Department of Human Resources
 1600 West Beverly Boulevard
 Montebello, California 90640
 (323) 887-1377
 (323) 887-1380 Job Line

FOR OFFICE USE ONLY
 Received by: _____
 Date received _____

EMPLOYMENT APPLICATION

POSITION APPLIED FOR

This application is part of your total evaluation. Answer all questions completely and accurately. If more space is needed, attach additional sheets. All statements are subject to verification. Please print legibly. Use only dark ink or typewriter.

GENERAL INFORMATION

NAME (LAST, FIRST, MIDDLE INITIAL)		SOCIAL SECURITY NUMBER
ADDRESS	CITY	STATE/ZIP CODE
E-MAIL ADDRESS		
HOME PHONE	WORK OR OTHER PHONE	CALIFORNIA DRIVER'S LICENSE NUMBER

EDUCATION

CHECK HIGHEST GRADE COMPLETED <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> Above	NAME AND LOCATION OF HIGH SCHOOL		
DID YOU GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> GED			
NAMES AND LOCATIONS OF ALL COLLEGES UNIVERSITIES, BUSINESS OR TRADE SCHOOLS ATTENDED	NUMBER OF UNITS	SEMESTER OR QUARTER	DEGREE OR CERTIFICATE

Do you claim veteran's credit for <u>wartime</u> service? <input type="checkbox"/> NO <input type="checkbox"/> YES (12/7/41 to 12/31/46; 6/27/50 to 1/31/55; 8/5/64 to 5/7/75; 8/2/90 in accordance with executive order 12744 Operation Desert Shield or Desert Storm or any service connected to Operation Restore Hope-Somalia) Credit applies <u>only</u> to entry level non-management examinations. You MUST provide a copy of discharge papers (DD214).	If "YES," please give the following information:
	SERIAL NUMBER
	BRANCH
DATES OF ACTIVE SERVICE	

SPECIAL SKILLS AND TRAINING

TITLE AND NUMBER OF LICENSE, CERTIFICATE, OR CREDENTIAL, IF REQUIRED FOR THIS POSITION	LIST EQUIPMENT YOU ARE ABLE TO OPERATE RELATED TO THIS POSITION (CLERICAL APPLICANTS INDICATE TYPING AND DICTATION SPEED)

E X P E R I E N C E

List your present or most recent job first. Carefully account for all recent employment in the last ten years or prior if specifically related, including paid and related volunteer work and military service. Attach additional sheets if necessary. Failure to complete all information will result in rejection.
Resumes will not be accepted in place of a completed application.

If you are a finalist for this position, do you object to having your present employer contacted?

YES
 NO

FROM (MO/YR)	TO (MO/YR)	TITLE OF POSITION		
NAME AND ADDRESS OF EMPLOYER _____ _____		DUTIES OF POSITION _____ _____		
PHONE NUMBER		REASON FOR LEAVING		
NAME OF SUPERVISOR		NUMBER SUPERVISED	HOURS PER WEEK	SALARY PER
FROM (MO/YR)	TO (MO/YR)	TITLE OF POSITION		
NAME AND ADDRESS OF EMPLOYER _____ _____		DUTIES OF POSITION _____ _____		
PHONE NUMBER		REASON FOR LEAVING		
NAME OF SUPERVISOR		NUMBER SUPERVISED	HOURS PER WEEK	SALARY PER
FROM (MO/YR)	TO (MO/YR)	TITLE OF POSITION		
NAME AND ADDRESS OF EMPLOYER _____ _____		DUTIES OF POSITION _____ _____		
PHONE NUMBER		REASON FOR LEAVING		
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NAME AND ADDRESS OF EMPLOYER _____ _____		DUTIES OF POSITION _____ _____		
PHONE NUMBER		REASON FOR LEAVING		
NAME OF SUPERVISOR		NUMBER SUPERVISED	HOURS PER WEEK	SALARY PER

I hereby certify that all statements made in this application are true and complete to the best of my knowledge. I understand that any misstatements or omissions of material facts herein may subject me to disqualification or dismissal. I further understand that an appointment to this position is contingent upon successful completion of medical examination(s) and background check including fingerprints.

DATE _____

SIGNATURE OF APPLICANT

THIS PORTION IS CONFIDENTIAL

M A N D A T O R Y A D D I T I O N A L I N F O R M A T I O N

NAME		POSITION APPLIED FOR
<input type="checkbox"/> YES <input type="checkbox"/> NO	Have you ever been employed by the City of Montebello?	
<input type="checkbox"/> YES <input type="checkbox"/> NO	Do you have any relatives employed by the City of Montebello? If yes, list name and relationship below.	
<input type="checkbox"/> YES <input type="checkbox"/> NO	Have you ever been discharged or forced to resign from any position because of misconduct or unsatisfactory performance?	
EXPLANATION OF ANSWERS		

S T A T I S T I C A L I N F O R M A T I O N

This section is confidential and will be detached from your application. The information is voluntary and is gathered in accordance with State and Federal laws for reporting purposes only. Please check one box only for the ethnic category you most closely identify with.	GENDER	POSITION APPLIED FOR
	<input type="checkbox"/> M <input type="checkbox"/> F	
WHITE (NON-HISPANIC) <input type="checkbox"/> All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East. BLACK (NON-HISPANIC) <input type="checkbox"/> All persons having origins in any of the black racial groups of Africa. HISPANIC <input type="checkbox"/> All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish group or culture or origin, regardless of race. ASIAN OR PACIFIC ISLANDER <input type="checkbox"/> All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, and Samoa. AMERICAN INDIAN OR ALASKAN NATIVE <input type="checkbox"/> All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.		

I hereby certify that all statements made in this application are true and complete to the best of my knowledge. I understand that any misstatements or omissions of material facts herein may subject me to disqualification or dismissal. I further understand that an appointment to this position is contingent upon successful completion of medical examination(s) and background check including fingerprints.

DATE

SIGNATURE OF APPLICANT