| | | R APPLI Garden gro | | ION | GARDEN GROVE |
|---|---|---|-------------------|--|---|
| 1. Soc. Sec. No. * |]—[][| | | o provide a unique identi ocessing of applications. | fication |
| 2. Your Name: | | | | | |
| 3. Mailing Address: | Last | | Fir | st | M.I. |
| | | | | | |
| Number | | Street | | | |
| City | | | | State | Zip |
| 4. Home Phone | | Business or | | | |
| Area Code | | Message Ph: | Area Code | | |
| PLEASE PRINT CLEARLY | IN BLACK PRINT O | OR TYPE. ANSWER ALL Q | UESTIONS C | OMPLETELY AND A | CCURATELY. |
| B. Have you ever applied with the C. Do you have any relatives ere D. Have you ever used anothere. Within the past five years had or unsatisfactory performance. F. Is there any situation that you safety of yourself or others in G. Have you received any citat years or had your license represent of a felony or a misdemeance (A criminal record does not of be performed.) | mployed by the City r name on employme ave you ever been di ce? If yes, provide d u know of which may n the course of perfo- ions for moving viola voked or suspended or other than a minor constitute an automa | of Garden Grove? If yes, given or education records? scharged or forced to resign letails | ve name, rela | tionship, and departme- sition because of misco d adversely impair the influence, etc.) in the la d/or suspensions, data recognizance pending and disposition of ca red in terms of the wor | ent □ onduct □ onduct □ □ ast three □ e □ □ g trial) se. k to □ |
| | EDUC | ATION AND TR | | | |
| NAME OF HIGH SCHOOL | FROM TO | MAJOR SUBJECT OR | CITY & STATE | LIST DEGREE OR | OFFICE USE ONLY |
| UNIVERSITIES, OR TRADE SCHOOLS | YEAR YEAR | COURSE OF STUDY | HOURS | CERTIFICATE RECEIVED | |
| | | | | | ACCEPTED: |
| | | | | | REJECTED: ED: EX: OTHER. |
| | | | | | PERFORM: |
| Use this space for listing license or certif | icate numbers, toreign lan | guages, special skills, etc., and for c | uner courses, tra | ning or eaucation. | |

ORAL:

EXPERIENCE

List all positions you have held in the past five (5) years. If you have been retired for more than five years, please list your last place of employment. Account for volunteer, part-time, military, summer positions, and periods of unemployment, etc. It is critical that you provide complete information. List each change of title or promotion separately. Start with your present or most recent position and work backwards. If you need more space, attach additional sheets using the same format. Be sure to sign and date attached sheets.

| МО | NTH/YEAR | NAME OF FORMER EMPLOYER | YOUR TITLE | NO. OF EMPLOYEES SUPERVISED |
|----------------------|------------------|-------------------------|--------------------|-----------------------------|
| FROM | | | | |
| то | | ADDRESS | DUTIES | |
| TOTAL MOS. WORKED | HRS. PER WEEK | CITY STATE AND ZIP CODE | | |
| IMMEDIATE S | SUPERVISOR | S NAME & TITLE | | |
| TYPE OF BUS | SINESS: | | REASON FOR LEAVING | |

| MON | NTH/YEAR | NAME OF FORMER EMPLOYER | YOUR TITLE | NO. OF EMPLOYEES SUPERVISED |
|-------------------------------------|------------------|-------------------------|--------------------|-----------------------------|
| FROM | | | | |
| то | | ADDRESS | DUTIES | |
| TOTAL MOS. WORKED | HRS. PER WEEK | CITY STATE AND ZIP CODE | | |
| IMMEDIATE SUPERVISOR'S NAME & TITLE | | 'S NAME & TITLE | | |
| | | | | |
| TYPE OF BUSINESS: | | | REASON FOR LEAVING | |
| | | | | |

| МО | NTH/YEAR | NAME OF FORMER EMPLOYER | YOUR TITLE | NO. OF EMPLOYEES SUPERVISED |
|-------------------------------------|----------|-------------------------|--------------------|-----------------------------|
| FROM | | | | |
| то | | ADDRESS | DUTIES | |
| TOTAL MOS. | | CITY STATE AND ZIP CODE | | |
| WORKED | WEEK | CITY STATE AND ZIP CODE | | |
| | | | | |
| IMMEDIATE SUPERVISOR'S NAME & TITLE | | 'S NAME & TITLE | | |
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| TYPE OF BUSINESS: | | | REASON FOR LEAVING | |
| | | | | |
| IMMEDIATE SUPERVISOR'S NAME & TITLE | | S NAME & TITLE | REASON FOR LEAVING | |

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. I agree and understand that any misrepresentation or omission of a fact may result in rejection of my application and/or dismissal from employment with the City of Garden Grove. I agree to undergo a preplacement physical examination by a City physician (at City expense). I fully understand that a volunteer appointment is contingent upon meeting the City's physical requirements. I further agree to be fingerprinted and to furnish proof of age, identity and legal right 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. I hereby release said employers, schools, or persons from all liability for any damage for 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 and that any appointment resulting herein represents volunteer work at will.

SIGNATURE