



CITY OF
Walnut
HUMAN RESOURCES OFFICE

EMPLOYMENT APPLICATION FOR THE POSITION OF:

Must specify which open position. Only one job position per application. Application will be sent back if it does not satisfy both statements.

INSTRUCTIONS: Please read the announcement to determine if you possess the qualifications for the job. Print, using ink, computer printer or typewriter. **In order to be considered for the position all applicants must complete, sign and submit this Employment Application via mail or in person at Walnut City Hall.** Answer all questions accurately and completely. All statements are subject to verification, and incorrect or incomplete statements may **disqualify** you from the selection process or employment. Read the Certificate of Applicant in Section 6 carefully before signing. **PLEASE PRINT CLEARLY.**

1. PERSONAL DATA

Last Name	First Name	Middle	Area Code	Primary Phone
Home Address (Number and Street)			Area Code	Secondary Phone
City, State & Zip Code		E-mail Address	Are you age 18 or older? YES NO If no, are you age 16 or older? YES NO <small>You must be at least 16 years old to be a City employee</small>	
Do you have a valid Driver's License?	YES NO	State:	Number:	
Do you have a valid California I.D.?	YES NO	Class:	Expiration Date:	
Can you submit proof of your legal right to work in the U.S.A. (i.e. Social Security Card, Student/Work Visa, Residency Card, etc.)?				YES NO

2. EDUCATION AND TRAINING (Attach additional sheets if necessary)

High School Attended (include City and State)	Did you Graduate High School or obtain GED?			
	YES NO			
Colleges, Universities, Business, or Trade Schools Attended (include City and State)	Number of Units Completed	Major Subjects	Did you Graduate?	Diploma or Degree Received
List other training, special qualifications and skills, job related memberships, or certificates, which relate to this position.				

3. EXPERIENCE (Including Military)

List all jobs you have held in the last ten years beginning with your present and most recent job. Include earlier relevant experience which may qualify you for the position. If you need more space, you may attach additional sheets. **All information must be completed for each employer listed. Please complete this section even if you are attaching a resume. Resumes are not accepted in lieu of application, please complete this section thoroughly.**

From _____ To _____ mo/yr mo/yr Total Time _____ Year(s) _____ Month(s) Name and Address of Employer: _____ _____ Phone _____ Supervisor's Name _____ May We Contact? YES NO	Title of Your Position _____ Duties Performed (Be Specific) _____ _____ _____ _____ No. Supervised No. of Hrs. (if any) _____ Per Week _____ Reason for leaving _____
From _____ To _____ mo/yr mo/yr Total Time _____ Year(s) _____ Month(s) Name and Address of Employer: _____ _____ Phone _____ Supervisor's Name _____ May We Contact? YES NO	Title of Your Position _____ Duties Performed (Be Specific) _____ _____ _____ _____ No. Supervised No. of Hrs. (if any) _____ Per Week _____ Reason for leaving _____

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