## APPLICATION FOR EMPLOYMENT



## 100 CIVIC CENTER WAY • CALABASAS, CA 91302 • PHONE (818) 224-1600

Instructions: Answer all questions completely and accurately. **Do not write "See Resume."** Type or print legibly in ink. All statements are subject to verification. An incorrect or incomplete application may bar you from employment.

1.	NAME: Last F	irst Middle	2. TIT	LE OF POSITION for which you a	re applying:		
3.	ADDRESS: Number	Street	City	Stat	e Zip Code		
4.	HOME PHONE NUMBER:	WORK PHONE NUMBER:	EMAIL A	ADDRESS:			
5.	VALID CLASS C CALIFORNIA DRIVER'S LICENSE?						
6.	Have you ever been employed by the City of Calabasas?						
8.	EDUCATION & TRAINING: Highest level of education completed  High School  Some  Associates  Bachelors  Masters  Doctorate  or GED  College  Degree  Degree  Degree  Degree  Degree    If you do not have a high school diploma or  a GED certificate, please circle the highest grade completed: 1 2 3 4 5 6 7 8 9 10 11						
	Name and Location of Colle Business, Technical, or c		Major course of study	Type of Degree	Date of Degree Month & Year		
Licenses, Registration, Certificates of professional or vocational competence:							
Computer Literacy: Check software you are adept at using or are skilled in:    Access   Excel   MS Word   Outlook   PowerPoint   Windows   WordPerfect   Other:							
Describe any other job related skills:							
9. Where did you hear of this job opportunity? (please be specific, i.e. which newspaper, which website, etc.)							

10. EXPERIENCE: List all jobs you have had in the last ten years; list your present or most recent job first. Failure to list the related experience required or failure to provide any of the information requested will result in your application being considered incomplete and therefore subject to rejection. <b>Do not write "See Resume."</b> If more space is required, you may attach additional sheets, but a resume will not substitute for the information required in this section.							
Dates Employed:	_	Employer:	Your Title:				
From:	To:	Address	Bassan fan last din st				
Hours Weekly:	Last Salary:	Address:	Reason for leaving:				
Supervisor:		Duties:					
Supervisor's Title:		-					
Supervisor's telephone	e number:	-					
Dates Employed:		Employer:	Your Title:				
From:	To:						
Hours Weekly:	Last Salary:	Address:	Reason for leaving:				
Supervisor:		Duties:					
Supervisor's Title:		-					
Supervisor's telephone	number:	-					
Dates Employed:		Employer:	Your Title:				
From:	To:						
Hours Weekly:	Last Salary:	Address:	Reason for leaving:				
Supervisor:		Duties:					
Supervisor's Title:							
Supervisor's telephone	number:						
Dates Employed:		Employer:	Your Title:				
From:	To:	. ,					
Hours Weekly:	Last Salary:	Address:	Reason for leaving:				
Supervisor:		Duties:					
Supervisor's Title:							
Supervisor's telephone	number:						
11. May we contact yo Comments:	our employers?    Yes	□ No					
I certify that the statements contained in this application are true and complete and understand that falsified statements on this application will subject me to disqualification or dismissal. I understand that reference checks may be made regarding my past employment and I authorize investigation of all statements contained herein.							
SIGNATURE			DATE				