



# Employment Application

## City of Bradbury

600 Winston Avenue, Bradbury CA 91008  
(626) 358-3218 fax (626) 303-5154

[www.cityofbradbury.org](http://www.cityofbradbury.org)

**Position Applied For:** \_\_\_\_\_

*The City of Bradbury is an equal opportunity employer.* This application does not constitute an offer for employment, merely the opportunity to compete for the position. Your application is subject to review and is considered part of the employment evaluation process.

**INSTRUCTIONS:** This application is part of your total evaluation. Answer all questions completely and accurately. If additional space is needed, attach additional sheets. All statements are subject to verification. Please type or print legibly in ink.

### General Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street Address Apartment/Unit #  
City State ZIP Code

Phone: ( ) E-mail Address:

#### Driver's License:

**Are you 18 years of age or older?** YES  NO  If under 18 years of age, please state your age?

**Have you ever worked for the City of Bradbury?** YES  NO  If yes, when?

**Have you ever been convicted of a felony or misdemeanor?** A pleas of "no lo contendere" has the same force and effects as a guilty plea, is considered a conviction, and must be disclosed. Include any convictions by military trial. List all cases other than minor traffic violations. (Driving under the influence, reckless or hit-and-run driving are NOT minor traffic violations) You are not required to disclose convictions over two years-old for violations of Health & Safety Code Sections 11357, 11360, 11364, 11365 or 11550, (or predecessor statutes) which relate to marijuana. PLEASE NOTE: A full disclosure by you is to your advantage as your record does not constitute an automatic bar to employment. Factors such as, but not limited to, age at the time of offense(s) and recency of offence(s), as well as the relationship between the offense(s) and the job(s) for which you apply will be taken into account.

YES  NO  If yes, explain:

#### Special Skills/Certificates/Licenses:

### Education – Please Reference Specific Job Posting to Determine Minimum Educational Requirements

High School: Address: YES NO  
From: To: Did you graduate?   Degree:

College: Address: YES NO  
From: To: Did you graduate?   Degree:

Other: Address: YES NO  
From: To: Did you graduate?   Degree:

If you have a High School Equivalency Diploma, give number and date of issue:

### Previous Employment

List the most recent experience first. Carefully account for all employment paid or unpaid, over the last 10 years. List each change of title or promotion separately. Review the employment announcement for details on qualifications the City is seeking. Resumes are not accepted in lieu of application, but may be attached.

Company: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

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Company: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

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Company: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

**Military Service**

Rank at Discharge: \_\_\_\_\_ Branch: \_\_\_\_\_

**Certificate of Application and Authorization to Obtain Employment Information**

May the City of Bradbury Personnel Department contact **YOUR PAST EMPLOYERS** for references? Yes\_\_ No\_\_ If YES, then read the following statements and sign you name on the line below: I authorize the City of Bradbury Personnel Department to obtain employment information from any previous employer. A photostatic copy of this authorization will be considered to be as valid as the original.

Signature \_\_\_\_\_ Date \_\_\_\_\_

May the City of Bradbury Personnel Department contact **YOUR PRESENT EMPLOYERS** for references? Yes\_\_ No\_\_ If YES, then read the following statements and sign you name on the line below: I authorize the City of Bradbury Personnel Department to obtain employment information from any current employer. A photostatic copy of this authorization will be considered to be as valid as the original.

Signature \_\_\_\_\_ Date \_\_\_\_\_

In compliance with the immigration reform and control act of 1986, the City of Bradbury requires all new employees to show proof of their legal right to work in the United States. You will be required to submit verification of the legal right to work in the United States within three (3) business days beginning with your first day of work. The City of Bradbury is legally prohibited from employing anyone who cannot provide such verification.

Applicants are responsible for ensuring that education, experience and licenses required for the position are clearly shown on the application.

Your application must be received by the recruitment closing date. This application is current for 6 months.

**Please read completely before signing.**

I certify that all the statements and representations of this application form and attachments are true and correct to the best of my knowledge. I understand that false, misleading or incomplete information shall be sufficient cause for disqualification from the application process or dismissal from employment.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_