



CITY OF YORBA LINDA
 4845 Casa Loma Avenue · PO Box 87014 · Yorba Linda, CA 92885 · 714.961.7110
EMPLOYMENT APPLICATION

Notice to Applicants: Answer all questions completely and accurately. Application form must be completed in full and personally signed by the candidate before being accepted. Faxed and emailed applications will not be accepted. Include any supplemental information that you feel would be helpful in the consideration of your qualifications. Please type or print all information. **This employer participates in E-Verify.**

APPLYING FOR POSITION OF _____

Last Name First Name Middle Initial SS#

Street Address City State Zip Code

Home Telephone Cell Phone Email Address D.L. # Exp. Date

EDUCATION

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 GED 13 14 15 16 17 18

Name of High School: _____ City & State: _____

College, Business or Trade School Attended	Years Attended	Degree or Certificate	Study Emphasis

List any other formal training programs that may be related to the type of job you are seeking: _____

List any professional or technical licenses or certificates that may be related to the type of employment you are seeking:

License Number(s): _____ Expiration Date: _____

List professional, technical, educational, community or service organization memberships. You may exclude those which indicate religion, race, creed, color, national origin, ancestry, sex, sexual orientation, age, or other legally protected categories.

EMPLOYMENT HISTORY

Beginning with the most recent, list your employment history for the last 10 years. All sections except duties must be filled in even if resume is attached. Please begin with your most recent job (attached additional sheets if necessary).

Dates of Employment (Month, Year)

From: _____ To: _____

Name & Address of Employer: _____

_____ Phone: _____

Name & title of your supervisor _____

Type of Business _____ Salary _____

Title of Position: _____

Duties: _____

Reason for leaving _____

May we contact this employer? Yes ___ No ___

Dates of Employment (Month, Year)

From: _____ To: _____

Name & Address of Employer: _____

_____ Phone: _____

Name & title of your supervisor _____

Type of Business _____ Salary _____

Title of Position: _____

Duties: _____

Reason for leaving _____

May we contact this employer? Yes ___ No ___

Dates of Employment (Month, Year)

From: _____ To: _____

Name & Address of Employer: _____

_____ Phone: _____

Name & title of your supervisor _____

Type of Business _____ Salary _____

Title of Position: _____

Duties: _____

Reason for leaving _____

May we contact this employer? Yes ___ No ___

I hereby certify that the facts in the above employment application are true and complete to the best of my knowledge. I understand that, if employed, false statements on this application shall be considered sufficient cause for dismissal. I understand that, if employed, such employment shall be subject to verification of previous employment, data provided in my application and any related documents or resume; and that evidence of U.S. citizenship or U.S. resident status, and evidence of birth is required. I authorize education institutions, employers, law enforcement authorities, organizations, and individuals having relevant information concerning my qualifications for employment to release such information; and I release all concerned from any liability in connection therewith; and I understand that I can make a written request as to the nature and scope of said information. I understand that I will be required prior to employment to pass a background, fingerprint check and a medical exam; and if employed subject to drug and alcohol screens if needed. I understand if hired, I will be required to know, and comply with, all rules or regulations. I understand that the benefits, rules and regulations may be changed, modified, deleted, or added to at any time at the City's sole option, and without prior notice.

Signature of Applicant _____

Date _____