

CITY OF LOS ANGELES

AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER



**DEPARTMENTAL
APPLICATION FOR
EMPLOYMENT**

1. CITY JOB TITLE		2. DEPARTMENT		3. CLASS CODE	
4. LAST NAME		FIRST		MI	
5. MAILING ADDRESS: NUMBER	STREET		APARTMENT	5a HOME PHONE – Area Code & Number	
CITY	STATE	ZIP CODE	6. WORK PHONE – Area Code & Number		
7. DRIVERS LICENSE NUMBER		STATE	EXPIRATION DATE (MM/DD/YYYY)		
8. 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. IN ACCORDANCE WITH THE IMMIGRATION REFORM AND CONTROL ACT OF 1986, WE ARE LEGALLY PROHIBITED FROM EMPLOYING ANYONE WHO CANNOT PROVIDE SUCH VERIFICATION.					

HIGH SCHOOL EDUCATION				9b. IF UNDER 18 YEARS OF AGE, CAN YOU PROVIDE A WORK PERMIT OR A G.E.D. CERTIFICATE AFTER AN EMPLOYMENT OFFER IS MADE?			
9a. DID YOU GRADUATE FROM HIGH SCHOOL OR PASS THE G.E.D. TEST?		Yes	No			Yes	No
NAME AND LOCATION OF UNIVERSITIES COLLEGES OR TRADE SCHOOLS ATTENDED	COMPLETION DATES	UNITS COMPLETED SEMESTER	QUARTER	MAJOR SUBJECT OR COURSE	UNITS COMPLETED IN MAJOR	TITLE OF DEGREE/ CERTIFICATE RECEIVED	

10. SPECIAL COURSES				
Course Name	Units Completed		Name of School	Date Completed
	Semester	Quarter		

11. SPECIAL LICENSES REQUIRED FOR THIS JOB			
License	Date Issued	Issuing Agency	Expiration Date

12. SIGNATURE (Original in ink; pencil or photocopy not accepted)	DATE

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13. **WORK EXPERIENCE:** BEGIN WITH YOUR MOST RECENT JOB – LIST EACH JOB SEPERATELY. List all jobs regardless of duration, including part-time jobs, military service, and any periods of unemployment during the last ten years. Also, list volunteer experience and jobs held more than ten years ago which relate to the job for which you are applying. You must use the correct civil service class title for jobs held within the City.

DATES		EMPLOYERS	DUTIES
MONTH & YEAR		NAME OF CURRENT OR LAST EMPLOYER	YOUR TITLE
FROM			DUTIES PERFORMED
TO		ADDRESS (OR CITY DEPARTMENT)	
TTL MOS WORKED	HRS PER WEEK	CITY, STATE AND ZIP CODE	
[REDACTED]		IMMEDIATE SUPERVISORS NAME	REASON FOR LEAVING
[REDACTED]			CONTACT PHONE NBR
MONTH & YEAR		NAME OF PREVIOUS EMPLOYER	YOUR TITLE
FROM			DUTIES PERFORMED
TO		ADDRESS (OR CITY DEPARTMENT)	
TTL MOS WORKED	HRS PER WEEK	CITY, STATE AND ZIP CODE	
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