



City of  
**Laguna Woods**  
**EMPLOYMENT APPLICATION**

DATE RECEIVED (CITY USE ONLY)
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Type or print in ink. Fill out all portions of this Employment Application completely. The City will only consider the information contained on this Employment Application or supplemental materials specifically requested for this recruitment to determine your qualifications for the position for which you are applying. Email this Employment Application to [cityhall@cityoflagunawoods.org](mailto:cityhall@cityoflagunawoods.org) or mail or hand-deliver this Employment Application to: City of Laguna Woods, ATTN: Human Resources, 24264 El Toro Road, Laguna Woods, CA 92637. For more information, please call (949) 639-0500/TTY (949) 639-0535.

POSITION APPLIED FOR	<b>RECEPTIONIST</b>							
FIRST NAME				LAST NAME			MIDDLE INITIAL	
NAMES/ALIASES PREVIOUSLY USED								
MAILING ADDRESS						UNIT NUMBER		
CITY			STATE		ZIP CODE			
HOME TELEPHONE			CELLULAR TELEPHONE					
PREFERRED TELEPHONE	<input type="checkbox"/> Home <input type="checkbox"/> Cellular		EMAIL ADDRESS					
DRIVER'S LICENSE	STATE		NUMBER			EXPIRATION		
IF HIRED, CAN YOU PROVIDE PROOF THAT YOU ARE AUTHORIZED TO WORK IN THE UNITED STATES ON AN UNRESTRICTED BASIS?							<input type="checkbox"/> Yes <input type="checkbox"/> No	
HAVE YOU PREVIOUSLY BEEN EMPLOYED BY THE CITY OF LAGUNA WOODS?							<input type="checkbox"/> Yes <input type="checkbox"/> No	
IF YES...	TITLE				DATES			
ARE ANY OF YOUR RELATIVES CURRENTLY EMPLOYED BY THE CITY OF LAGUNA WOODS?							<input type="checkbox"/> Yes <input type="checkbox"/> No	
IF YES...	NAME				RELATION			

LANGUAGE PROFICIENCY (OTHER THAN ENGLISH; INDICATE SPOKEN OR WRITTEN)			
HAVE YOU GRADUATED FROM HIGH SCHOOL OR PASSED THE G.E.D. TEST?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
IF UNDER 18 YEARS OF AGE, CAN YOU PROVIDE A WORK PERMIT OR G.E.D. CERTIFICATE AFTER AN EMPLOYMENT OFFER IS MADE?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
COLLEGE/UNIVERSITY ATTENDED (IF APPLICABLE)			
LOCATION OF COLLEGE/ UNIVERSITY ATTENDED			
ATTENDED FROM		ATTENDED TO	
TITLE OF DEGREE/ CERTIFICATE OBTAINED			
COLLEGE/UNIVERSITY ATTENDED (IF APPLICABLE)			
LOCATION OF COLLEGE/ UNIVERSITY ATTENDED			
ATTENDED FROM		ATTENDED TO	
TITLE OF DEGREE/ CERTIFICATE OBTAINED			
COLLEGE/UNIVERSITY ATTENDED (IF APPLICABLE)			
LOCATION OF COLLEGE/ UNIVERSITY ATTENDED			
ATTENDED FROM		ATTENDED TO	
TITLE OF DEGREE/ CERTIFICATE OBTAINED			
RELEVANT PROFESSIONAL LICENSE/CERTIFICATE			
ISSUED BY			
DATE ISSUED		EXPIRATION	

**BEGIN WITH YOUR MOST RECENT JOB. LIST EACH JOB SEPARATELY.** List all jobs, regardless of duration held, including full-time jobs, part-time jobs, military service, and any periods of unemployment **during the last ten (10) years**. Also, list military service, volunteer experience, and jobs held more than ten (10) years ago, which relate to the position for which you are applying. If you have no relevant experience, indicate "NONE". You may attach additional pages, as necessary.

**ALL FIELDS ARE REQUIRED.**

POSITION HELD			
EMPLOYER			
EMPLOYER'S ADDRESS			
EMPLOYER'S TELEPHONE		SUPERVISOR'S NAME	
EMPLOYED FROM (MONTH/YEAR)		EMPLOYED TO (MONTH/YEAR)	
HOURS WORKED PER WEEK		VOLUNTEER POSITION?	<input type="checkbox"/> Yes <input type="checkbox"/> No
NUMBER SUPERVISED		MAY WE CONTACT THIS EMPLOYER TO COMPLETE A REFERENCE CHECK?	<input type="checkbox"/> Yes <input type="checkbox"/> No
REASON FOR LEAVING			
DUTIES PERFORMED (MUST COMPLETE; DO NOT LEAVE BLANK AND REFER TO RESUME)			

POSITION HELD			
EMPLOYER			
EMPLOYER'S ADDRESS			
EMPLOYER'S TELEPHONE		SUPERVISOR'S NAME	
EMPLOYED FROM (MONTH/YEAR)		EMPLOYED TO (MONTH/YEAR)	
HOURS WORKED PER WEEK		VOLUNTEER POSITION?	<input type="checkbox"/> Yes <input type="checkbox"/> No
NUMBER SUPERVISED		MAY WE CONTACT THIS EMPLOYER TO COMPLETE A REFERENCE CHECK?	<input type="checkbox"/> Yes <input type="checkbox"/> No
REASON FOR LEAVING			
DUTIES PERFORMED (MUST COMPLETE; DO NOT LEAVE BLANK AND REFER TO RESUME)			

POSITION HELD			
EMPLOYER			
EMPLOYER'S ADDRESS			
EMPLOYER'S TELEPHONE		SUPERVISOR'S NAME	
EMPLOYED FROM (MONTH/YEAR)		EMPLOYED TO (MONTH/YEAR)	
HOURS WORKED PER WEEK		VOLUNTEER POSITION?	<input type="checkbox"/> Yes <input type="checkbox"/> No
NUMBER SUPERVISED		MAY WE CONTACT THIS EMPLOYER TO COMPLETE A REFERENCE CHECK?	<input type="checkbox"/> Yes <input type="checkbox"/> No
REASON FOR LEAVING			
DUTIES PERFORMED (MUST COMPLETE; DO NOT LEAVE BLANK AND REFER TO RESUME)			

**ATTACH ADDITIONAL PAGES, AS NECESSARY.**

OTHER REQUIRED INFORMATION
<p>1. If selected for this position, which of the following shifts would you currently, potentially be able to work? <i>(check all that apply)</i></p> <p><input type="checkbox"/> Monday Morning Shift (7:30 a.m.-12:30 p.m.)</p> <p><input type="checkbox"/> Monday Afternoon Shift (12:30-5:30 p.m.)</p> <p><input type="checkbox"/> Tuesday Morning Shift (7:30 a.m.-12:30 p.m.)</p> <p><input type="checkbox"/> Tuesday Afternoon Shift (12:30-5:30 p.m.)</p> <p><input type="checkbox"/> Wednesday Morning Shift (7:30 a.m.-12:30 p.m.)</p> <p><input type="checkbox"/> Wednesday Afternoon Shift (12:30-5:30 p.m.)</p> <p><input type="checkbox"/> Thursday Morning Shift (7:30 a.m.-12:30 p.m.)</p> <p><input type="checkbox"/> Thursday Afternoon Shift (12:30-5:30 p.m.)</p> <p><input type="checkbox"/> Friday Morning Shift (7:30 a.m.-12:30 p.m.)</p> <p><input type="checkbox"/> Friday Afternoon Shift (12:30-5:30 p.m.)</p>

I, the undersigned, certify that all statements and information on this Employment Application, and attached hereto, are true and complete to the best of my knowledge. I authorize investigation of any and all such statements and information. I understand that false, misleading, or incomplete statements and information shall be sufficient cause for disqualification or dismissal and other penalties as may be prescribed by law. I agree to undergo a pre-employment physical medical examination by a City-designated physician or medical professional (at City expense) and will submit to fingerprinting and a criminal background check. I will submit to a drug screening if it is a requirement for the position applied for. I understand that employment is contingent upon meeting the City's physical requirements. I authorize the employers, colleges/universities, organizations, and persons named on this Employment Application, and any attachments hereto, to provide any additional information regarding my qualifications and character including, but not limited to, statements and documents, and I hereby waive my rights to bring any legal action whatsoever for the provision of any information regarding my past. I hereby release said employers, colleges/universities, organizations, or persons from all liability for any damages caused by providing this information, whether or not I agree with the

information furnished. I fully understand that neither this Employment Application nor the job announcement nor any associated document or advertisement by the City related to the position applied for constitute an offer for employment.

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_