

DATE RECEIVED (CITY USE ONLY)				

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. Follow the application instructions included in the job announcement for the position for which you are applying. For more information, please call (949) 639-0500/TTY (949) 639-0535.

POSITION APPLIED FOR	DEVELOPMENT MANAGER								
FIRST NAME				LAST NAME				MIDDLE INITIAL	
NAMES/ALIASES PREVIOUSLY USED									
MAILING ADDRESS							UNI	T MBER	
CITY			S	STATE		ZIP CODE			
HOME TELEPHONE			C	CELLULA	AR TELEPHONE				
PREFERRED TELEPHONE	☐ Home	e 🗆 Cellular	E	EMAIL A	DDRESS				
DRIVER'S LICENSE	STATE		NUM	MBER			EXP	IRATION	
IF HIRED, CAN YOU PROVIDE PROOF THAT YOU ARE AUTHORIZED TO WORK IN THE UNITED STATES ON AN UNRESTRICTED BASIS?					□ Yes □ No				
HAVE YOU PREVIOUSLY B	EEN EMP	LOYED BY THE C	CITY (OF LAG	UNA WOODS?				□ Yes □ No
IF YES	TITLE					DATES			
ARE ANY OF YOUR RELAT	IVES CUR	RENTLY EMPLO	YED E	BY THE	CITY OF LAGUNA	WOODS?			□ Yes □ No
IF YES	NAME					RELATION			

LANGUAGE PROFICIENCY (OTH				
HAVE YOU GRADUATED FROM HIGH SCHOOL OR PASSED THE G.E.D. TEST?				☐ Yes ☐ No
IF UNDER 18 YEARS OF AGE, C CERTIFICATE AFTER AN EMPLO			R G.E.D.	☐ Yes ☐ No ☐ 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?	□ Yes □ No
NUMBER SUPERVISED		MAY WE CONTACT THIS EMPLOYER TO COMPLETE A REFERENCE CHECK?	☐ Yes ☐ No
REASON FOR LEAVING			
DUTIES PERFORMED (MUST C	COMPLETE; DO NOT LEAVE BLA	ANK AND REFER TO RESUME)	
POSITION HELD			
EMPLOYER			
EMPLOYER'S ADDRESS			
EMPLOYER'S TELEPHONE		SUPERVISOR'S NAME	
EMPLOYER'S TELEPHONE EMPLOYED FROM (MONTH/YEAR)		SUPERVISOR'S NAME EMPLOYED TO (MONTH/YEAR)	
EMPLOYED FROM		EMPLOYED TO	☐ Yes ☐ No
EMPLOYED FROM (MONTH/YEAR)		EMPLOYED TO (MONTH/YEAR)	☐ Yes ☐ No ☐ Yes ☐ No
EMPLOYED FROM (MONTH/YEAR) HOURS WORKED PER WEEK		EMPLOYED TO (MONTH/YEAR) VOLUNTEER POSITION? MAY WE CONTACT THIS EMPLOYER TO COMPLETE	
EMPLOYED FROM (MONTH/YEAR) HOURS WORKED PER WEEK NUMBER SUPERVISED	COMPLETE; DO NOT LEAVE BLA	EMPLOYED TO (MONTH/YEAR) VOLUNTEER POSITION? MAY WE CONTACT THIS EMPLOYER TO COMPLETE A REFERENCE CHECK?	☐ Yes ☐ No

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?	☐ Yes ☐ No
NUMBER SUPERVISED	MAY WE CONTACT THIS EMPLOYER TO COMPLETE A REFERENCE CHECK?	□ Yes □ No
REASON FOR LEAVING		
DUTIES PERFORMED (MUST COM	ETE; DO NOT LEAVE BLANK AND REFER TO RESUME)
ATTACH ADDITIONAL PAGES, OTHER REQUIRED INFORMATION	S NECESSARY.	
-	ttached to this Employment Application.	
complete to the best of my knowledg false, misleading, or incomplete state penalties as may be prescribed by law physician or medical professional (a submit to a drug screening if it is a meeting the City's physical requirem this Employment Application, and an character including, but not limited whatsoever for the provision of any organizations, or persons from all lial information furnished. I fully underst	nents and information on this Employment Application, I authorize investigation of any and all such statements a ents and information shall be sufficient cause for disqual agree to undergo a pre-employment physical medical elective expense) and will submit to fingerprinting and a capuirement for the position applied for. I understand that its. I authorize the employers, colleges/universities, organitachments hereto, to provide any additional information, statements and documents, and I hereby waive my information regarding my past. I hereby release said in the first of the position applied for constitute an offer for related to the position applied for constitute an offer for	and information. I understand that alification or dismissal and other examination by a City-designated riminal background check. I will employment is contingent upon inizations, and persons named on regarding my qualifications and rights to bring any legal action employers, colleges/universities, n, whether or not I agree with the announcement nor any associated
SIGNATURE:		DATE: