



# CITY OF LOMITA

24300 Narbonne Ave  
Lomita, CA 90717  
(310) 325-7110

CITY USE ONLY
Date Received:
Initial Review By:

## EMPLOYMENT APPLICATION

\_\_\_\_\_  
POSITION TITLE

### IMPORTANT NOTICE

- A. False statements on this application are cause for rejection or dismissal. Answer all questions.
- B. Appointment is subject to verification of background information provided.

### APPLICANT INFORMATION

NAME:		
ADDRESS:		
EMAIL ADDRESS:		HOME PH.:
DRIVER'S LICENSE:	SOCIAL SECURITY NO.:	CELL PH.:
PROFESSIONAL LICENSES OR CERTIFICATES:		

EMPLOYMENT AVAILABILITY:	FULL-TIME	PART-TIME	TEMPORARY
ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE UNITED STATES:	YES	NO	
HOW DID YOU LEARN OF THIS EMPLOYMENT OPPORTUNITY:	CITY WEBSITE	JOB FLIER	
PROFESSIONAL WEBSITE:	OTHER:		

### EDUCATION

HIGH SCHOOL (NAME AND LOCATION):			
HIGHEST GRADE COMPLETED:	DID YOU GRADUATE OR RECEIVE A GED:	YES	NO

COLLEGES, VOCATIONAL OR TECHNICAL SCHOOLS (NAME & LOCATION)	MAJOR	UNITS COMPLETED	DEGREE/CERTIFICATE TYPE (AA, BA, MA)

## EMPLOYMENT BACKGROUND

Begin with your present or most recent job and work backwards, chronologically. List all jobs you have had in the past ten (10) years. Include any United States military service. This section is mandatory; however, you may attach a resume or supplemental sheet to the completed application.

FROM:	TO:	HOURS PER WEEK:
EXACT TITLE OF POSITION:		
NAME OF EMPLOYER:		TYPE OF BUSINESS:
EMPLOYER'S ADDRESS:		
SUPERVISOR'S NAME/TITLE:		SUPERVISOR'S PHONE NO.:
DUTIES:		
REASON FOR LEAVING (BE SPECIFIC):		
MAY WE CONTACT THIS EMPLOYER:            YES            NO		
IF NO, PLEASE PROVIDE DETAILS:		

FROM:	TO:	HOURS PER WEEK:
EXACT TITLE OF POSITION:		
NAME OF EMPLOYER:		TYPE OF BUSINESS:
EMPLOYER'S ADDRESS:		
SUPERVISOR'S NAME/TITLE:		SUPERVISOR'S PHONE NO.:
DUTIES:		
REASON FOR LEAVING (BE SPECIFIC):		
MAY WE CONTACT THIS EMPLOYER:            YES            NO		
IF NO, PLEASE PROVIDE DETAILS:		

FROM:	TO:	HOURS PER WEEK:
EXACT TITLE OF POSITION:		
NAME OF EMPLOYER:	TYPE OF BUSINESS:	
EMPLOYER'S ADDRESS:		
SUPERVISOR'S NAME/TITLE:	SUPERVISOR'S PHONE NO.:	
DUTIES:		
REASON FOR LEAVING (BE SPECIFIC):		
MAY WE CONTACT THIS EMPLOYER:	YES	NO
IF NO, PLEASE PROVIDE DETAILS:		

FROM:	TO:	HOURS PER WEEK:
EXACT TITLE OF POSITION:		
NAME OF EMPLOYER:	TYPE OF BUSINESS:	
EMPLOYER'S ADDRESS:		
SUPERVISOR'S NAME/TITLE:	SUPERVISOR'S PHONE NO.:	
DUTIES:		
REASON FOR LEAVING (BE SPECIFIC):		
MAY WE CONTACT THIS EMPLOYER:	YES	NO
IF NO, PLEASE PROVIDE DETAILS:		

### APPLICANT CERTIFICATION

I certify that this application is complete and true in all respects and understand that any falsifications or omissions I may have made are cause for forfeiture on my part of all rights to employment with the City of Lomita, California, and may subject me to disqualification or dismissal.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## CITY OF LOMITA – AN EQUAL OPPORTUNITY EMPLOYER

According to the Americans with Disabilities Act (ADA), disabilities are irrelevant except for purposes of discussing the forms of accommodation which might enable the applicant to do the job. All qualified individuals will be considered for the position, whether or not an accommodation is required.

ARE THERE ANY REASONS WHY YOU WOULD NOT BE ABLE TO PERFORM THE ESSENTIAL JOB FUNCTIONS OF THE POSITION FOR WHICH YOU ARE APPLYING:	YES	NO
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IF YES, COULD YOU PERFORM THE ESSENTIAL JOB FUNCTIONS WITH AN ACCOMMODATION:	YES	NO
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**NOTE:** If you require an accommodation in order to fully participate in the application and testing process, please attach a request for the type of accommodation that is required or contact the Human Resources directly to discuss.

## EQUAL EMPLOYMENT OPPORTUNITY PROGRAM

The City of Lomita is an Equal Opportunity Employer. To further its commitment to equal opportunity employment, the City requests each applicant to voluntarily provide the following information. This information will be separated from the job application immediately upon receipt by the Human Resources and will only be made available to authorized personnel for research/statistical purposes. **It will not be used in making any employment decision.**

Your cooperation in this procedure is appreciated and will assist the City in its continuing efforts to provide equal employment opportunity to all prospective candidates.

POSITION APPLYING FOR:
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MALE:	FEMALE:	OVER 40:	INDIVIDUAL WITH DISABILITY:
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ETHNIC GROUP/RACE (PLEASE CHECK ONE ONLY):

**Hispanic or Latino:** a person of Cuban, Mexican, Puerto Rican, south or central American or other Spanish culture or origin regardless of race.

**White (not Hispanic or Latino):** a person having origins in any of the original peoples of Europe, the middle east, or north Africa.

**Black or African American (not Hispanic or Latino):** a person having origins in any of the black racial groups of Africa.

**Native Hawaiian or other pacific islander (not Hispanic or Latino):** a person having origins in any of the peoples of Hawaii, Guam, Samoa, or other pacific islands.

**Asian (not Hispanic or Latino):** a person having origins in any of the original peoples of the far east, southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine islands, Thailand, and Vietnam.

**American Indian or Alaska native (not Hispanic or Latino):** a person having origins in any of the original peoples of north and south America (including central America), and who maintain tribal affiliation or community attachment.

**Two or more races (not Hispanic or Latino):** all persons who identify with more than one of the above five races.

**Other:**