



# City of Commerce

Human Resources Department  
2535 Commerce Way  
Commerce, California 90040  
Job Information Line (323) 887-4415

OFFICIAL USE ONLY

## INSTRUCTIONS: PLEASE READ CAREFULLY

This application is the initial part of the examination process. Read the Employment Opportunity Announcement thoroughly and apply only if you think you meet the requirements. Clearly state your qualifications. PRINT in ink or use a typewriter. Incomplete or illegible applications may be DISQUALIFIED. Fill out this application completely. If a question does not apply to you, write N/A. A separate application is required for each position. Use the Exact title of the position for which you are applying. Documents submitted with this application will not be returned. Avoid any reference to religion, politics, race, sex, or other non-job related traits. Notify us promptly if you have a change of address, phone or employer. Resumes or Facsimiles will NOT be accepted in lieu of completed applications.

POSITION APPLYING FOR: \_\_\_\_\_ Full-Time  Part-Time  Temporary

(Check all that you are interested in)

### I. PERSONAL DATA

NAME (Last, First, Middle)	Area Code	Home Telephone
Home Address (Number and Street)	Area Code	Work Telephone
(City, State & Zip)	Area Code	Message Telephone
Do you have a valid Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No		
State _____	Number _____	Class _____
Expiration Date _____	Social Security # _____	

If under 18 years of age, can you provide a valid work permit?  Yes  No

Are you a U.S. Citizen or can you provide proof of permission to work in the U.S.?  Yes  No

Do you claim Veteran's Credit?  Yes  No

Typing Speed (if Applicable): \_\_\_\_\_

If yes, attach a copy of Discharge Documents.

(Only if applying for a full time Civil Service Open/Competitive Recruitment)

### 2. EDUCATION AND TRAINING

Circle highest grade completed →	6	7	8	9	10	11	12	Did you receive a high school diploma?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> G.E.D.
Name and location of high school:											
Name and location of colleges and other schools	Yrs. attended	Did you graduate?	Degree received	Major	Units Completed						
					Sem.	Qtr.					
Please describe additional course work or training (including military) which would qualify you for this position.											
Please list certificates or licenses of professional or vocational competence you possess which relate to this position.											
Please describe any pertinent skills you have such as typing, shorthand, computer, machine or equipment operation, or foreign language skills.											

### 3. DISABILITIES

The City of Commerce encourages applications from qualified individuals with disabilities as defined by the Americans With Disabilities Act. Individuals who will require a reasonable accommodation to take a test as part of the selection process must state so under Section 5 COMMENTS. Applicants with disabilities that affect sensory, manual, or speaking skills may be provided with a test in a format that does not require the use of the impaired skill. Persons requesting a reasonable accommodation must attach acceptable documentation of such need to the application being filed.

Can you perform the job functions listed in the job announcement for the position you are applying for without any accommodation?  YES  NO

If you answer "NO" to the above, describe the job function requiring accommodation and the type of accommodation you require to perform that job function in Section 5 COMMENTS.

### 4. PROVIDE THE FOLLOWING INFORMATION REQUESTED

Have you ever been employed by the City of Commerce?  Yes  No From \_\_\_\_\_ to \_\_\_\_\_ Department \_\_\_\_\_

Are you related to an elected official or anyone currently employed by the City of Commerce?  Yes  No Name \_\_\_\_\_ Relation \_\_\_\_\_

Have you ever been convicted (including payment of a fine or placement on probation) of a violation of the law, including any conviction that has been expunged or any pleas of nolo contendere, excluding minor traffic infractions (i.e. speeding or parking tickets)?  Yes  No

Indicate below for each offense the (1) Date, (2) Offense, (3) Place, (4) Action taken. (You may omit minor traffic violations.)

**PLEASE NOTE:** A conviction is not an automatic bar to employment. The offense for which you were convicted, when it occurred, and your conduct since the offense will be considered in terms of the job you are applying for.

### 5. COMMENTS

THIS INFORMATION IS NOT A PART OF THE SELECTION PROCESS AND WILL BE DETACHED FROM YOUR APPLICATION.

## CITY OF COMMERCE APPLICANT DATA FORM

Date \_\_\_\_\_

Name: \_\_\_\_\_ Position Applied For: \_\_\_\_\_

In order for the City of Commerce to evaluate applicant flow patterns as part of our Equal Opportunity/Affirmative Action Program, we would appreciate your **voluntary** cooperation in providing the following information. This information will be used for statistical purposes only.

How did you learn about this employment opportunity with the City of Commerce? (Check appropriate box below)

Newspaper Name \_\_\_\_\_  Bulletin Board (Where) \_\_\_\_\_

Friend  City Employee  City of Commerce Job Information Line  Website

Other (Specify Source) \_\_\_\_\_

Were you treated courteously by the City Staff?  YES  NO Did the person you talked to provide all the information you needed?  YES  NO

Were the application procedures clear and understandable?  YES  NO Were you served in a language you understood?  YES  NO

(Continued on reverse side)

## 6. EXPERIENCE

To assist the City in processing your application, please address the minimum requirements of the Job Announcement. List all positions you have held in the last 10 years. Account for volunteer, part-time, military, summer positions, and periods of unemployment, etc. IT IS CRITICAL THAT YOU PROVIDE COMPLETE INFORMATION. List each change of title or promotion separately. Resumes may be attached but WILL NOT be accepted in lieu of complete answers. Start with your present or most recent position and work backwards. Attach additional sheets as necessary.

## 7. CURRENT OR MOST RECENT EXPERIENCE

May we contact your present employer?  YES  NO  N/A

From _____ To _____ Mo.   Yr.           Mo.   Yr. Name and Address of Employer _____ _____ _____ Employer Telephone No. _____ Hrs. Per Week _____ Salary _____ <input type="checkbox"/> Hr <input type="checkbox"/> Wk <input type="checkbox"/> Mo	Title of Your Position _____ Duties You Performed _____ _____ _____ Name of Supervisor _____ Reason for Leaving _____
From _____ To _____ Mo.   Yr.           Mo.   Yr. Name and Address of Employer _____ _____ _____ Employer Telephone No. _____ Hrs. Per Week _____ Salary _____ <input type="checkbox"/> Hr <input type="checkbox"/> Wk <input type="checkbox"/> Mo	Title of Your Position _____ Duties You Performed _____ _____ _____ Name of Supervisor _____ Reason for Leaving _____
From _____ To _____ Mo.   Yr.           Mo.   Yr. Name and Address of Employer _____ _____ _____ Employer Telephone No. _____ Hrs. Per Week _____ Salary _____ <input type="checkbox"/> Hr <input type="checkbox"/> Wk <input type="checkbox"/> Mo	Title of Your Position _____ Duties You Performed _____ _____ _____ Name of Supervisor _____ Reason for Leaving _____

## 8. AGREEMENT: READ CAREFULLY BEFORE SIGNING

I certify that all statements made in this application are true and complete and I authorize investigation of all matters herein contained. I agree and understand that any misrepresentation or omission of a material fact may be justification for rejection of my application, refusal of employment, removal of my name from an Eligibility List, and/or dismissal from employment with the City of Commerce. I agree to undergo a physical examination including a drug screening by a City appointed physician and fully understand that employment is contingent upon meeting the City's physical requirements. I further agree to be fingerprinted and to furnish proof of age and work authorization upon request. I also authorize the employers, schools and persons named above to provide any additional information regarding my qualifications and character.

Signature X \_\_\_\_\_ Date \_\_\_\_\_

In case of emergency notify (Name) \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

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Eligible:  Yes  No Reason: \_\_\_\_\_ Initial \_\_\_\_\_

(Continued from reverse side. Please complete.)

#### AGE:

Under 18  18 to 39  40 and over

#### SEX:

Male  Female

#### ETHNIC BACKGROUND:

WHITE (not of Hispanic origin): All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

BLACK (not of Hispanic origin): All persons having origins in any of the Black racial groups of Africa.

HISPANIC: All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Hispanic Spanish culture or origin, regardless of race.

ASIAN or PACIFIC ISLANDERS: All persons having origins in any of the original peoples of Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Phillipine Islands and Samoa.

AMERICAN INDIAN or Alaskan Native: All persons having origin in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

Other