



EMPLOYMENT APPLICATION

16600 Civic Center Drive, Bellflower, CA 90706

Telephone (562) 804-1424 ext 2246

www.bellflower.org

IMPORTANT INSTRUCTIONS

1. Applications are accepted for OPEN positions only. Applications received for any other positions are returned to the applicant and NOT kept on file.
2. Applications must be complete. Incomplete or unsigned applications are subject to disqualification. Type or print in black or blue ink only.
3. All statements on your application are subject to verification.
4. Complete application packets must be in the Human Resources division by the published closing date. Postmarks and faxed applications are NOT accepted.
5. Please review your application packet prior to submittal for completeness and accuracy.

POSITION APPLYING FOR:

APPLICANT INFORMATION

Last Name:	First Name:	Middle Name:
Mailing Address (number, st., apt. no.):		
City:	State:	Zip Code:
Home Phone:	Cell/Message Phone:	
Driver's License No:	Class: A B C	State:
Are you legally eligible for employment in the United States? Yes No		
Social Security Number As of 10/1/08		
State age ONLY if under 18. (Proof required if hired):		
Do you have a high school diploma? Yes No		Do you have a GED? Yes No
Name and location of last High School attended:		
Please list any languages, other than English, that you speak fluently:		

1. Can you perform the essential job duties listed for the job applied for, without limitations? Yes No

If no, what can be done to reasonably accommodate your limitation?
 (The City of Bellflower does not discriminate on the basis of sex, race, color, religion, national origin, sexual orientation, gender identity, or physical disability.)

IF YOUR ANSWER TO QUESTION #2 BELOW IS YES, YOU MUST GIVE DETAILS BELOW. USE A SEPARATE SHEET OF PAPER IF NEEDED.

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Do any of your relatives work for the City of Bellflower? Yes No

If yes, what is their name and relation to you?

EDUCATION

Education (mark highest grade completed):		8 or below	9	10	11	12	13	14	15	16	17	18
Colleges, Vocational or Technical Schools (Name & Location)	Dates attended		Major Subject(s)	Date degree received or expected	Type of degree or certificate (AA, BA, MA)	# Units completed						
	From mm / yy	To mm / yy				Semest. Units	Qtr. Units					

Use the space below to fully describe any additional job related skills, knowledge, licenses or special training you possess:

WORK EXPERIENCE

DO NOT WRITE “SEE RESUME”. Complete this section even if you are attaching a resume.

List all jobs you have had in the past ten years. Include earlier experience that may qualify you for the position. Be specific in describing these jobs and military experience.

BE SURE TO LIST EACH CHANGE IN TITLE OR PROMOTION SEPARATELY. If qualifying experience is part time, be sure to list the number of hours per week spent doing the work. You may use additional sheets if necessary.

Begin with your present or most recent job and work backwards.

From:	To:	Exact title of position:		
Name of employer:		Type of business:		
Employer's address:				
Name / title of supervisor:		Supervisor's tel no:		
Number of people you supervised:	# hours per week:	Salary: \$	per	
Your duties are/were:				
Reason for leaving (be specific):				
May we contact this employer?		Yes	No	
If no, please provide details:				

From:	To:	Exact title of position:		
Name of employer:		Type of business:		
Employer's address:				
Name / title of supervisor:		Supervisor's tel no:		
Number of people you supervised:	# hours per week:	Salary: \$	per	
Your duties are/were:				
Reason for leaving (be specific):				
May we contact this employer?		Yes	No	
If no, please provide details:				

From:	To:	Exact title of position:	
Name of employer:		Type of business:	
Employer's address:			
Name/ title of supervisor:		Supervisor's tel no:	
Number of people you supervised:	# hours per week:	Salary: \$	per
Your duties are/were:			
Reason for leaving (be specific):			
May we contact this employer?		Yes	No
If no, please provide details:			

From:	To:	Exact title of position:	
Name of employer:		Type of business:	
Employer's address:			
Name/ title of supervisor:		Supervisor's tel no:	
Number of people you supervised:	# hours per week:	Salary: \$	per
Your duties are/were:			
Reason for leaving (be specific):			
May we contact this employer?		Yes	No
If no, please provide details:			

Computer skills (list the programs in which you are proficient):
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CERTIFICATE OF APPLICANT

I certify all information shown in this application is true and correct to the best of my knowledge. I agree to be fingerprinted, to submit to a reference check, medical examination and drug and alcohol screening and upon employment to furnish such proof of age and citizenship as may be required. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand and agree that any and all misstatements or omissions of material facts on any of the foregoing documents may herein subject me to disqualification or dismissal. I understand, also, that I am required to abide by all rules and regulations of the City of Bellflower.

Signature: _____ Date: _____

AFFIRMATIVE ACTION QUESTIONNAIRE

In accordance with the State Government Code and the Affirmative Action Policies of the City of Bellflower, all applicants are requested to declare their ethnicity and gender for research and statistical purposes only. Completing this section will not affect your employment.

POSITION APPLYING FOR:

MALE FEMALE OVER 40 INDIVIDUAL WITH A DISABILITY

ETHNIC GROUP/RACE (Please check one only)

White: All persons having origins in any of the peoples of Europe, North Africa, or the Middle East.

Black: All persons having origins in any of the Black racial groups of Africa

Hispanic: All persons of Mexican, Puerto Rican, Cuban, Central or South America or other Spanish culture.

Asian or Pacific Islanders: All persons having origins in any of the Southeast Asia, Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands and Samoa.

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

Other:

RECRUITMENT RESEARCH

How did you learn about the job?

City Employee	Job Bulletin	Job Hotline	Jobs Available
City Website	Friend or relative	Newspaper	Other:

APPLICATION CHECK LIST

Please ask yourself these questions **BEFORE** submitting your application packet. Failure to complete all steps can lead to disqualification of your application.

Do you meet the minimum qualifications (per the job announcement) of the job you are applying for?

Did you type the application or use black or blue ink (do not use pencil)?

Did you answer all of the questions of the application form? Insert "N/A" for questions that do not apply.

Did you review your application to make sure all of the text fits inside of the boxes? Attach additional sheets if needed.

Did you include contact information for your current, as well as previous employers?

Did you cover the last ten years of your employment history? (Please indicate periods of unemployment as well.)

Did you include a copy of the educational requirement (High School Diploma/GED certificate/College Degree)

If applying for a Parks and Recreation position, make sure you have these pages:

- Employment Application Information
- Limited Availability Form
- Supplemental Questionnaire for Employees Who Will Have Supervisory or Disciplinary Authority Over Minors.

Did you submit the supplemental questionnaire (if required)?

Did you submit a typing certificate (if required)?

Did you submit a cover letter/resume (if required)?

Did you sign the application form?

Did you send the signed original application packet?

If mailing the application, do you have enough postage on the envelope? (Applications without enough postage will not be accepted for consideration.)

Did you keep a copy of the application packet for your file?



DEPARTMENT OF PARKS AND RECREATION
SUPPLEMENTAL QUESTIONNAIRE
 16600 Civic Center Drive, Bellflower, CA 90706
 Telephone (562) 804-1424 ext 2246
www.bellflower.org

POSITION APPLYING FOR:

1. Name:

2. Attending: High School College

3. Do you possess any of the following certificates?

Red Cross First Aid	Yes	No
CPR Certificate	Yes	No
Lifesaving	Yes	No
Water Safety Instructor	Yes	No

Others:

4. List recreation background of any nature, either volunteer or employment: (example: Scouts, YMCA etc.)

Agency:	Title:

5. What specialized recreational activities can you teach?

6. Please list all sports teaching abilities and talents:

7. Please list personal references:

Name:	Address:	Phone:
Name:	Address:	Phone:



LIMITED AVAILABILITY FORM

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COMPLETION INSTRUCTIONS

1. All applicants who desire to work less than a full 80-hour pay period must complete this form as an addition to the employment application.
2. All full time employees who desire to reduce their working hours to less than an 80-hour pay period must complete this form as a formal notice to their supervisor.
3. In identifying the days and hours of availability, it is important to state the specific hours, i.e., Sunday, 10:00a.m. - 2:00p.m. In the event that a person has no preference as to specific hours but wants to work a limited number of hours per week, it should be specified by shift, i.e., Monday - 3 hours, p.m. shift. Each day in this case must be identified with a shift preference, and a number of hours from 0 hours to 8 hours of availability.

Name:						
Address:						Date:
I am only available on the following days of the week at the hours specified:						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Hours	Hours	Hours	Hours	Hours	Hours	Hours

or						
# Hours:	# Hours:	# Hours:	# Hours:	# Hours:	# Hours:	# Hours:
Shift:	Shift:	Shift:	Shift:	Shift:	Shift:	Shift:

I understand that if any of the above conditions change, it is my responsibility to immediately notify my immediate supervisor. This would include a desire to change to fewer hours or to a greater number of hours.

Applicant's Signature

Date: