



**CITY OF BELL**  
 6330 Pine Avenue • Bell, CA 90201  
 (323) 588-6211  
 www.cityofbell.org

**EMPLOYMENT APPLICATION**

POSITION APPLIED FOR: Associate Planner #16-17

LAST NAME		FIRST NAME		MIDDLE INITIAL	<b>For Office Use Only</b>  Eligibility Review: <input type="checkbox"/> Qualified <input type="checkbox"/> Disqualified <input type="checkbox"/> Pending  Reason Ineligible: <input type="checkbox"/> Education <input type="checkbox"/> Experience <input type="checkbox"/> Late Filing <input type="checkbox"/> Min. Age <input type="checkbox"/> Other _____
NUMBER & STREET					
CITY		STATE		ZIP CODE	
HOME PHONE	BUSINESS PHONE		CELL PHONE		
EMAIL ADDRESS			DRIVER'S LICENSE "If Required"		
			Number:	Expiration Date:	

<p>A. Are you over 18? <input type="checkbox"/> Yes <input type="checkbox"/> No          If under 18, can you provide required proof of your eligibility to work? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>B. Can you, if hired, submit verification of your legal right to work in the U.S.A.? <input type="checkbox"/> Yes <input type="checkbox"/> No  <i>You will be required to furnish such verification prior to employment.</i></p> <p>C. Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No          May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No  <i>If "no", please provide explanation under "remarks".</i></p> <p>D. Have you ever worked using a name different from that used on this application? <input type="checkbox"/> Yes <input type="checkbox"/> No          If yes, please indicate: _____</p>	<p>E. Do you have a physical or mental condition which will require any special accommodation to participate in the selection process? <i>If yes, please explain what type(s) of accommodation is required under "remarks".</i> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>F. Have you ever been fired or asked to resign from a position? <input type="checkbox"/> Yes <input type="checkbox"/> No  <i>If "yes" please provide an explanation under "remarks" below.</i></p> <p>G. Have you ever been employed by the City of Bell? <input type="checkbox"/> Yes <input type="checkbox"/> No  <i>If "yes" please provide an explanation under "remarks" below.</i></p> <p>H. Do you have any relatives working for the City of Bell? <input type="checkbox"/> Yes <input type="checkbox"/> No  <i>If "yes", state relationship, name and dept. employed: _____</i></p>
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Requirements to provide an explanation to any of the above questions will not automatically disqualify this application. However, failure to provide complete and accurate information may be cause for disqualification.

PLEASE CONTACT CITY HALL IF YOU REQUIRE VISUAL ASSISTANCE WITH THIS APPLICATION.

**Remarks**

**REFERENCES**

Please provide three work-related references

1. Name and title _____	Business or occupation _____	Phone _____
2. Name and title _____	Business or occupation _____	Phone _____
3. Name and title _____	Business or occupation _____	Phone _____

## EDUCATION

If required, can you show proof that you graduated from **High School** or received your G.E.D. Certificate?  Yes  No

Names and Locations of High School, Colleges, Universities and Trade Schools	Course of Study	Degree or Certificate	Completed (Yes/No)

**Other Licenses or Professional Certificates:**

## SKILLS/PROFESSIONAL EXPERTISE

**Include any special skills, equipment you can operate, or memberships that you believe may enhance your qualifications:**

*Notation Speed* \_\_\_\_\_  
*Typing Speed* \_\_\_\_\_ (Certificate  Yes  No)

## EXPERIENCE

Please provide your work experience for the last 10 years beginning with your most recent job and include any periods of unemployment. Attach an additional sheet if necessary to report qualifying experience completely.

Employer:	Title of Your Position:		
From: Month/Year    To: Month/Year	Duties:		
Street Address:			
City and State:			
Name of Supervisor:                      Phone:	Reason for Leaving:	Salary:	Hours Per Week:

Employer:	Title of Your Position:		
From: Month/Year    To: Month/Year	Duties:		
Street Address:			
City and State:			
Name of Supervisor:                      Phone:	Reason for Leaving:	Salary:	Hours Per Week:

Employer:	Title of Your Position:		
From: Month/Year    To: Month/Year	Duties:		
Street Address:			
City and State:			
Name of Supervisor:                      Phone:	Reason for Leaving:	Salary:	Hours Per Week:

Employer:	Title of Your Position:		
From: Month/Year    To: Month/Year	Duties:		
Street Address:			
City and State:			
Name of Supervisor:                      Phone:	Reason for Leaving:	Salary:	Hours Per Week:

I certify that all statements on this application are true and complete to the best of my knowledge. I understand false or incomplete statements shall be sufficient cause for disqualification or dismissal. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

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

## APPLICANT STATISTICAL INFORMATION

In order to comply with Federal and State Equal Employment Opportunity requirements, we would appreciate your voluntary cooperation in providing the following information. This information will be used for statistical purpose only and will not be used as part of the testing process.

Position Applied for: \_\_\_\_\_

Date Applied: \_\_\_\_\_

CHECK ONE SPACE ONLY FOR THE ETHNIC CATEGORY YOU MOST CLOSELY IDENTIFY WITH:

WHITE       BLACK       HISPANIC       ASIAN       AMERICAN INDIAN

GENDER

MALE

FEMALE

AGE:

40 OR OVER

PHYSICALLY OR  
MENTALLY DISABLED

### HOW DID YOU FIRST LEARN ABOUT THIS EMPLOYMENT OPPORTUNITY?

Website:

City's Website - How were you referred to our website?

Yahoo/Hot Jobs

Other: \_\_\_\_\_

Other job related website, please specify: \_\_\_\_\_

Newspaper:

Specify: \_\_\_\_\_

Publications:

Jobs Available

Western Cities

Other (Explain): \_\_\_\_\_

Walked In       Heard it from someone       Online

Posted Location (Specify Location): \_\_\_\_\_

Name (Print) \_\_\_\_\_ Signature \_\_\_\_\_