



**Application for  
Employment  
CITY OF  
MANHATTAN BEACH**

**AN EQUAL OPPORTUNITY EMPLOYER**  
1400 HIGHLAND AVENUE, MANHATTAN BEACH,  
CALIFORNIA 90266 (310) 802-5250

**FOR OFFICE USE ONLY**

- ACCEPTED      DATE NOTICE MAILED: \_\_\_\_\_  
 REJECTED      DATE NOTICE MAILED: \_\_\_\_\_  
 EXPERIENCE  
 EDUCATION  
 OTHER

TIME REC'D \_\_\_\_\_ DATE \_\_\_\_\_

**INSTRUCTIONS:**

- PLEASE TYPE OR PRINT CLEARLY IN INK.
- Answer all questions completely and accurately
- Incomplete or illegible applications will not be considered
- Incorrect or false statements are cause for rejection or dismissal
- Be specific when listing information which meets the job requirements.

**From what source did you learn of this position?**

- Newspaper (Name): \_\_\_\_\_  
 Personal Inquiry at City Hall  
 Job Interest Card  
 Job Bulletin at: \_\_\_\_\_  
 City Website [www.citymb.info](http://www.citymb.info)  
 Other (Describe): \_\_\_\_\_

APPLICATION FOR: (Please give exact position title)      JOB NO.:      TELEPHONE NUMBERS:  
 Home: (   ) -      CELL: (   ) -

EMAIL ADDRESS: \_\_\_\_\_  
 APPLICANT'S FULL NAME:      OTHER NAMES CURRENTLY OR PREVIOUSLY USED: \_\_\_\_\_

LAST      FIRST      MIDDLE      PLEASE INDICATE FIRST, MIDDLE OR LAST NAME

MAILING ADDRESS: \_\_\_\_\_

STREET      CITY      STATE      ZIP CODE

SOCIAL SECURITY NUMBER: - - -	CAN YOU SUBMIT A BIRTH CERTIFICATE OR OTHER PROOF OF U.S. CITIZENSHIP OR PROOF OF RESIDENT ALIEN STATUS IF SELECTED FOR HIRE? YES <input type="checkbox"/> NO <input type="checkbox"/>	IF THIS JOB REQUIRES A DRIVER'S LICENSE, DO YOU HAVE A VALID CALIFORNIA DRIVER'S LICENSE? YES <input type="checkbox"/> NO <input type="checkbox"/>
MINIMUM SALARY ACCEPTABLE:		NUMBER ____ CLASS ____

HAVE YOU EVER WORKED FOR THE CITY OF MANHATTAN BEACH?  
 YES  NO  If YES, in what department? \_\_\_\_\_

DO YOU HAVE ANY RELATIVES CURRENTLY EMPLOYED BY THE CITY OF MANHATTAN BEACH?  
 YES  NO  If YES, give name, department and relationship: \_\_\_\_\_

PERSON TO NOTIFY IN CASE OF AN EMERGENCY: \_\_\_\_\_

NAME      ADDRESS      TELEPHONE NUMBER

PLEASE LIST ANY MACHINES OR EQUIPMENT YOU CAN OPERATE RELATED TO THIS POSITION:

DO YOU HAVE ANY SPECIAL EXPERIENCES, SKILLS OR QUALIFICATIONS WHICH YOU BELIEVE WOULD ESPECIALLY  
 CONTRIBUTE TO THE POSITION APPLIED FOR?

WERE YOU EVER DISCHARGED, REJECTED DURING PROBATION OR HAVE YOU RESIGNED UNDER PRESSURE OR UNFAVORABLE CIRCUMSTANCES FROM ANY EMPLOYMENT:

YES  NO  If YES, please explain: \_\_\_\_\_

DO YOU CLAIM VETERAN'S CREDIT FOR WARTIME (12/7/41 to 12/31/46; 6/27/50 to 1/31/55; 8/5/64 to 5/7/75; or 8/2/90 to 4/10/91) SERVICE?

YES  NO  If YES, give SERIAL NUMBER \_\_\_\_\_ BRANCH \_\_\_\_\_

DATES OF ACTIVE SERVICE \_\_\_\_\_ TO \_\_\_\_\_ YOU MUST PROVIDE A COPY OF DISCHARGE PAPERS (DD214)

**FOR POLICE OFFICER POSITIONS ONLY:**

ARE YOU AT LEAST 21 YEARS OLD? YES  NO

ARE YOU A CITIZEN OF THE UNITED STATES OF AMERICA? YES  NO

**EDUCATION AND EXPERIENCE**

*Please read the qualifications section on the Employment Opportunity Bulletin before filling out this side.*

**EDUCATION**

Highest level of education completed(grade level):

High School Graduate?  
 YES  NO

Passed High School Equivalency Test?  
 YES  NO

Name and Location (City, State) of College or University, Business Correspondence, Trade or Service Schools	Field of Study (Major)	Completed		DEGREE (Indicate type)
		Semester Units	Quarter Units	

CERTIFICATES OF PROFESSIONAL OR VOCATIONAL COMPETENCE, LICENSES, MEMBERSHIPS IN PROFESSIONAL ASSOCIATIONS:

## EXPERIENCE

**MUST BE FILLED OUT COMPLETELY!** Begin with your most recent experience. List all experience within the last ten years, including U.S. military service and periods of unemployment. Give details on the experience which you believe meets the entrance requirements for this position. Go back more than ten years if necessary. Also, list any volunteer experience which you feel helps you meet the requirements for the job. Resumes may be submitted in addition to your application, but the information below must be completed. **Use extra sheets of paper if necessary**, including the same information categories requested below.

Employed FROM: TO: TOTAL:    YRS    MOS	Title of Your Position:	Number of hours worked per week:	Number of employees you supervised:
Employer:	Duties of Your Position:		
Address:			
Telephone Number: (    ) -    -			
Supervisor's Name:	Reason for leaving or wanting to leave if presently employed:	Salary: \$        per <input type="checkbox"/> Month <input type="checkbox"/> Week <input type="checkbox"/> Hour	
Currently Employed? YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, may we contact your present employer? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Employed FROM: TO: TOTAL:    YRS    MOS	Title of Your Position:	Number of hours worked per week:	Number of employees you supervised:
Employer:	Duties of Your Position:		
Address:			
Telephone Number: (    ) -    -			
Supervisor's Name:	Reason for leaving:	Salary: \$        per <input type="checkbox"/> Month <input type="checkbox"/> Week <input type="checkbox"/> Hour	
Employed FROM: TO: TOTAL:    YRS    MOS	Title of Your Position:	Number of hours worked per week:	Number of employees you supervised:
Employer:	Duties of Your Position:		
Address:			
Telephone Number: (    ) -    -			
Supervisor's Name:	Reason for leaving:	Salary: \$        per <input type="checkbox"/> Month <input type="checkbox"/> Week <input type="checkbox"/> Hour	
Employed FROM: TO: TOTAL:    YRS    MOS	Title of Your Position:	Number of hours worked per week:	Number of employees you supervised:
Employer:	Duties of Your Position:		
Address:			
Telephone Number: (    ) -    -			
Supervisor's Name:	Reason for leaving:	Salary: \$        per <input type="checkbox"/> Month <input type="checkbox"/> Week <input type="checkbox"/> Hour	

### READ CAREFULLY BEFORE SIGNING:

I hereby certify that all statements made in this application are true and complete to the best of my knowledge and belief. I authorize the City of Manhattan Beach to investigate my qualifications, employment record or character through inquiries to any sources mentioned in this application, unless otherwise stated in this application, and I understand and agree that any misstatements or omissions of material fact herein may cause forfeiture on my part of all rights to employment by the City of Manhattan Beach.

I further agree to be fingerprinted, to submit to a complete medical examination by a City physician, to sign an oath of office, and to furnish such proof of education and citizenship or legal right to work in this country as may be required as a condition of employment. Completion of these conditions does not imply an offer of employment.

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_



City Hall      1400 Highland Avenue      Manhattan Beach,      CA 90266-4795  
Telephone (310) 802-5000      FAX (310) 802-5251      TDD (310) 546-3501

To Whom It May Concern:

RE:              Name: \_\_\_\_\_  
                    Social Security No.: \_\_\_\_\_

The individual referenced above is being considered for the position of \_\_\_\_\_ exam number \_\_\_\_\_ with the City of Manhattan Beach. In accordance with California Assembly Bill No. 2778 which amended Section 47 of the Civil Code relating to liability, employers are protected from tortious liability when responding to references for prospective employers when the information provided is based upon fact and not malice.

The signed release below authorizes you to provide us with information concerning the applicant's employment with you.

Sincerely,

Human Resources Department

**RECORD INQUIRY WAIVER**

"I hereby authorize any former employer, its employees and representative, or any person listed as a reference to provide all relevant information regarding my employment and job performance to the City of Manhattan Beach, and any of its employees, representatives, and agents. This information may be provided either verbally or in writing.

In addition to authorizing the release of all information regarding my employment which is relevant to an evaluation of my qualifications for employment, I hereby waive any rights or claims I have or may have, past, present, or future, known or unknown, against any former employer, its employees and representatives, or former educational institution from all liability, claims, or damages that may directly or indirectly result from the use, disclosure, or release of such information by said person or party, whether or not such information is favorable or unfavorable to me. I also agree that a photographic copy of this waiver is as valid as the original."

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

Fire Department Address: 400 15<sup>th</sup> Street, Manhattan Beach, CA 90266 FAX (310) 802-5201  
Police Department Address: 420 15<sup>th</sup> Street, Manhattan Beach, CA 90266 FAX (310) 802-5107  
Public Works Department Address: 3621 Bell Avenue, Manhattan Beach, CA 90266 FAX (310) 802-5351  
City of Manhattan Beach Web Site: <http://www.citymb.info>