

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?

DO YOU CLAIM VETERAN'S CREDIT FOR WARTIME SERVICE? (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).

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)
		Quarter Units	Semester Units	Year Completed	

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

WORK 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. **Must provide details for any gap of employment that is over one year (i.e. in school, unemployed, etc.).** 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:		
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:		
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:		
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:		

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.

In accordance with California Government Code section 3100, et., seq. all City of Manhattan Beach employees are considered disaster service workers who may be required to report to duty, or remain on duty to address disaster service activities in the event of an emergency or disaster and are required to undertake an application loyalty oath.

SIGNATURE: _____ **DATE:** _____



City of Manhattan Beach

Human Resources

Phone: (310) 802-5258
FAX: (310) 802-5251
TDD: (310) 546-3501

Waiver and Release of Information

I, _____, hereby request, authorize and consent to the release of information to the City of Manhattan Beach regarding my previous and/or current employment with the Responding Agency for the purpose of evaluating my suitability for employment. I further authorize the Responding Agency or its agent to respond to any verbal or written request regarding my employment record, including but not limited to: positions held; dates of employment; beginning and end pay rates; work performance; disciplinary records, including any records which were sealed as part of a settlement; reliability and any incidents of dishonesty; insubordination, violence and/or unsafe behavior; harmful or threatening behavior, including information based upon materials in my personnel file. I direct the Responding Agency or its agents to release such information regardless of any agreement, instructions or representations I may have previously made with Responding Agency to the contrary. I further authorize the Responding Agency or its agents to answer whether it would rehire me.

In addition, I authorize the Responding Agency to release the contents of and/or to provide a photocopy of my entire personnel file with Responding Agency, if requested by the City of Manhattan Beach, including any documents sealed pursuant to any settlement agreement or stipulation, and all application information including questionnaires, interviews, and education transcripts. I further authorize the disclosure of all records to which, as an employee, I would have or did have access under Labor Code section 1198.5 or for firefighters Government Code sections 3255 and 3256.

I have received a copy of this Waiver and Release and had adequate time to review it. I understand the meaning and purpose of this Waiver and Release, and by signing this document, I release the Responding Agency including its officers, employees, or related personnel both individually and collectively, from any and all liability for damage of whatever kind, which may at any time result to me, my heirs, and family associates because of this Waiver and Release or any attempt to comply with it. Specifically, the Responding Agency will not be subject to any civil liability for any relevant cause of action by virtue of releasing information identified above in compliance with California Civil Code Section 47 as amended.

This Waiver and Release will expire one (1) year after the date signed. A photocopy of this Waiver and Release is to be considered as valid as an original.

Signature of Applicant

Date

Position: _____

Fire Department Address: 400 15th Street, Manhattan Beach, CA 90266 FAX (310) 802-5201
Police Department Address: 420 15th 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>



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Human Resources

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APPLICANT VOLUNTARY FORM

Name: _____

Position for which you are applying: _____

Voluntary Information

Thank you for expressing an interest in employment with the City of Manhattan Beach. The City of Manhattan Beach considers qualified applicants for employment without regard to race, color, religion, national origin or ancestry, disability, genetic information, gender, age, sexual orientation, covered veterans status, or any other protected status. The information obtained may only be used to provide statistical information on applicant flow patterns to the Federal Equal Employment Opportunity Commission (41 CFR 60-2.12). While your reply will be most helpful to use in reporting accurate data, **disclosures in this form are completely voluntary.**

Completing this form is for inclusion in statistical reports required by various governmental regulations and agencies.

This information is not part of the selection process.

Gender: Male Female

Race/Ethnic Identification (check one):

Please select a race from the options below:

- White - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black or African American - A person having origins in any of the black racial groups of Africa.
- American Indian or Alaska Native - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- Asian: 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.
- Two or more races – All persons who identify with more than one of the above five races.
- I do not wish to disclose.