COUNTY OF LOS ANGELES
EMPLOYMENT APPLICATION
INFORMATION SHEET

Department of Human Resources
24-Hour Job Information Hotlines:
Open Competitive: (800) 970-5478
Transfers/Promotional Opportunities for current County employees: (213) 974-8335
TTY: (800) 899-4099 http://dhr.lacounty.info

Please Read Carefully

1. COMPLETING YOUR APPLICATION:

a. THE APPLICATION SHOULD BE COMPLETE AND ACCURATE BEFORE SIGNING. INCOMPLETE APPLICATIONS CANNOT BE ACCEPTED.

b. Your SOCIAL SECURITY NUMBER MUST BE INCLUDED for record control purposes. Federal law requires that all employed persons have a Social Security Number.

c. To receive APPROPRIATE CREDIT, include a copy of your diploma, transcript, certificate, or license as directed on the bulletin.

2. MINIMUM OR SELECTION REQUIREMENTS are listed in the examination bulletin.

a. YOUR APPLICATION WILL BE ACCEPTED ONLY IF IT CLEARLY SHOWS YOU MEET THE REQUIREMENTS. The information you provide will determine your eligibility and is subject to verification at any time.

b. You must be at least 16 years of age at the time of appointment unless other age limits are stated on the bulletin. The Federal Age Discrimination in Employment Act (ADEA) of 1967, as amended, prohibits discrimination on the basis of age for any individual over age 40.

c. Your experience may be paid or unpaid unless the bulletin states otherwise. Report it as "volunteer" or "unpaid" in the box for monthly salary. Experience is evaluated on the basis of a verifiable 40-hour week.

3. APPLICATION DEADLINE:

a. If the bulletin has a closing date, submit the application and all required information as listed on the bulletin by the specified deadline. POSTMARKS WILL NOT BE ACCEPTED. **LATE APPLICATIONS WILL NOT BE ACCEPTED.**

b. Applications for positions designated "**Apply in Person**" must be filed in person at the address given. Filing may be closed without notice.

4. PROMOTIONAL EXAMINATIONS:

a. Please list separately the PAYROLL TITLE for each job. Do not group your experience. If more space is needed, attach additional sheet(s) to your application. Specify the beginning and ending dates for each job. If you have been promoted, do NOT list all of your time with the County under your present payroll title.

b. Some of your experience may have been in a position in which such work is not typically performed. If such experience is permitted as indicated in the examination bulletin, it will not be considered unless it is verified in writing by your department's Human Resources Office. A signed Verification of Experience letter must be filed with your application or submitted by the last day for filing, or it will not be accepted.

c. Permanent employees who have COMPLETED THEIR INITIAL PROBATIONARY PERIOD AND HOLD A QUALIFYING PAYROLL TITLE may file for promotional examinations if they are within six months of meeting the experience requirements by the last day of filing or as otherwise indicated on the bulletin.

5. VETERANS PREFERENCE CREDIT of 10 points will be added to your final passing grade in any open competitive examination if you are an honorably discharged veteran who served in the Armed Forces of the United States:

a. During a declared war; or

b. During the period April 28, 1952 through July 1, 1955; or

c. For more than 180 consecutive days, other than for training, any part of which occurred after January 31, 1955, and before October 15, 1976; or

d. In a campaign or expedition for which a campaign medal or expeditionary medal has been authorized and awarded.

This also applies to the spouse of such person who, while engaged in such service was wounded, disabled or crippled and thereby permanently prevented from engaging in any remunerative occupation, and also to the widow or widower of any such person who died or was killed while in such service. A DD214, Certificate of Discharge or Separation from Active Duty, or other official documents issued by the branch of service are required as verification of eligibility for Veterans Preference Credit. If you are unable to provide any documentation at the time of filing, the 10 points will be withheld until such time as it is provided.

6. CHANGE OF NAME OR ADDRESS should be reported in writing immediately to the department to which you submitted your application. Include your Social Security Number, former name and/or address, as well as your new name and/or address and the title(s) and number(s) of the examination(s) for which you have applied.

7. EQUAL EMPLOYMENT OPPORTUNITY/NON-DISCRIMINATION POLICY:

a. It is the policy of the County of Los Angeles to provide equal employment opportunity for all qualified persons, regardless of race, color, religion, sex, national origin, age, sexual orientation or disability.

b. If you require material in an ALTERNATE FORMAT or are an individual requesting REASONABLE ACCOMMODATION(S) in the examination process for a physical or mental disability, please CONTACT THE AMERICANS WITH DISABILITIES ACT (ADA) COORDINATOR LISTED ON THE EXAMINATION BULLETIN. The provision of reasonable accommodation may be subject to verification of disability as allowable with State and Federal law. All disability-related information will remain confidential.

8. RECORD OF CONVICTIONS: A full disclosure of all convictions is required. Failure to disclose convictions will result in disqualification. Not all convictions constitute an automatic bar to employment. Factors such as your age at the time of the offense(s), and the recency of offense(s) will be taken into account, as well as the relationship between the offense(s) and the job(s) for which you apply. However, any applicant for County employment who has been convicted of workers' compensation fraud is automatically barred from employment with the County of Los Angeles (County Code Section 5.12.110). **ANY CONVICTIONS OR COURT RECORDS WHICH ARE EXEMPTED BY A VALID COURT ORDER DO NOT HAVE TO BE INCLUDED.**

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Please Print ✎ Last First Middle

1a. EXAM NUMBER	1b. EXAMINATION TITLE	OFFICIAL USE ONLY	☐ ACCEPTED ☐ DENIED
2. SOCIAL SECURITY NUMBER (needed for record control purposes)		Analyst	Date

3. NAME	Last	First	M.I.
OTHER NAMES USED IN EMPLOYMENT	Last	First	M.I.
4. ADDRESS	Number	Street	Apt. #
City		State	Zip

5a. HOME PHONE	5b. BUSINESS/MESSAGE PHONE	Final Score	Group	Veterans Credit	Withhold Date
5c. E-MAIL ADDRESS					

6. Please check all areas in which you would accept employment. You will be considered only for areas checked.

A. ☐ **Any Area** (If you check this box, no need to check any other area boxes.)
B. ☐ **Antelope Valley** Palmdale/Lancaster
C. ☐ **San Fernando Valley** Burbank/Glendale/Northridge/Santa Clarita
D. ☐ **San Gabriel Valley** Pasadena/Monterey Park/El Monte/Pomona
E. ☐ **Metro** Los Angeles/West Hollywood/Eagle Rock
F. ☐ **West** Malibu/Santa Monica/Beverly Hills
G. ☐ **South** Inglewood/ Compton /Willowbrook/Watts
H. ☐ **East** Montebello/ Downey /South Gate/Whittier
I. ☐ **South Bay/Harbor** Carson/Torrance/Long Beach/Hermosa Beach

7. Indicate the type of appointment you will accept: A. ☐ Full-time Permanent (40 hours per week) B. ☐ Temporary C. ☐ Recurrent, As Needed, or Seasonal

8. Shifts you are willing to work:
A. ☐ Day B. ☐ Evening C. ☐ Night D. ☐ Rotating E. ☐ On Call F. ☐ Weekend G. ☐ Any

9. Do you know any language other than English? ☐ YES ☐ NO If YES indicate language(s):
A_____ ☐ Read ☐ Speak ☐ Write
B_____ ☐ Read ☐ Speak ☐ Write
C_____ ☐ Read ☐ Speak ☐ Write

10. Have you ever been a County of Los Angeles employee? ☐ YES ☐ NO If "YES," please complete the following information.

Employee Number	Payroll Title	Item Number	Employment Status: ☐ Permanent ☐ Temporary ☐ Recurrent
Department		Department Number	

11. If a license or certificate (including Bilingual Certificate) is required for this job, list those you possess and provide dates of expiration.

License or Certificate	Number	Date Issued	Expiration Date

12. To qualify for employment you must be either (a) a citizen of the United States of America, or (b) a registered alien with government permission to work in this country. Does either statement (a) or (b) describe your status as a resident of this country? ☐ YES ☐ NO

13. Do you claim Veterans Credit? (Veterans Credit is applicable to open competitive examinations only.) ☐ YES ☐ NO
If "YES," attach a copy of your DD214, Certificate of Discharge or Separation from Active Duty, or other official documents issued by the branch of service. (See Application form Information Sheet for Veterans Credit criteria.)

14. Have you ever been fired or asked to resign? ☐ YES ☐ NO
If "YES," please attach an explanation with the name and address of the company, and the date and the reason for the termination.

15. Have you ever been convicted of a misdemeanor or felony by a criminal or military court? ☐ YES ☐ NO
If "YES," please complete the Record of Convictions section below.
List all convictions. **Attach an additional sheet if necessary.**

NAME (Please Print)	Last	First	M.I.		
OTHER NAMES USED					
SOCIAL SECURITY NUMBER		DATE OF BIRTH	Month	Day	Year
OFFENSE or CASE NAME (Give Penal or other code section if known)				CASE NUMBER	
CONVICTION/ORDER DATE	Month Day Year	LOCATION OF COURT	City		State
SENTENCE or FINE					

EDUCATION: High School Graduate? ☐ YES ☐ NO If "NO," number of years completed in High School ____ GED Certificate ☐ YES ☐ NO
Show courses you have completed that are required and others directly related to the job for which you are applying. In order to receive CREDIT FOR COLLEGE WORK, be sure to include a copy of your diploma, transcript, or certificate unless otherwise directed by the job bulletin.

NAME AND LOCATION OF COLLEGES OR SCHOOLS ATTENDED	DATES ATTENDED	CREDITS COMPLETED		MAJOR SUBJECT OR COURSE	UNITS COMPLETED IN MAJOR	DEGREES OR CERTIFICATES RECEIVED
		SEMESTER	QUARTER			
	FROM					
	TO					
	FROM					
	TO					
	FROM					
	TO					

REQUIRED OR RELATED COURSES: (Attach an additional sheet if necessary to list all courses completed)

SCHOOL	COURSE NAME	UNITS	SCHOOL	COURSE NAME	UNITS

WORK EXPERIENCE: Beginning with your most recent experience, please account for all employment and any periods of unemployment in the last ten years. Include self-employment, military service, and volunteer work related to the job for which you are applying. Also list any jobs held more than ten years ago which relate to the duties of the job for which you are applying. Please list separately the PAYROLL TITLE of each job in which you have been employed. Describe the work you did as completely as possible and list each job separately. If you need additional space to describe your duties, you may attach a resume or additional documents to further describe your qualifications unless otherwise directed by the job bulletin. All the requested information MUST be completed.

PRESENT/LAST EMPLOYER or COUNTY DEPARTMENT

PAYROLL TITLE (for each title use a separate section)

NUMBER YOU SUPERVISED

EMPLOYER'S ADDRESS

DUTIES

CITY/STATE

ZIP CODE

FROM			TO			TOTAL MOS. WORKED
Month	Day	Year	Month	Day	Year	

HOURS PER WEEK

SALARY HOURLY ☐ MONTHLY ☐

REASON FOR LEAVING

Are you employed by this company now? ☐ YES ☐ NO
If "YES," may we contact your employer? ☐ YES ☐ NO

EMPLOYER or COUNTY DEPARTMENT

PAYROLL TITLE (for each title use a separate section)

NUMBER YOU SUPERVISED

EMPLOYER'S ADDRESS

DUTIES

CITY/STATE

ZIP CODE

FROM			TO			TOTAL MOS. WORKED
Month	Day	Year	Month	Day	Year	

HOURS PER WEEK

SALARY HOURLY ☐ MONTHLY ☐

REASON FOR LEAVING

EMPLOYER or COUNTY DEPARTMENT

PAYROLL TITLE (for each title use a separate section)

NUMBER YOU SUPERVISED

EMPLOYER'S ADDRESS

DUTIES

CITY/STATE

ZIP CODE

FROM			TO			TOTAL MOS. WORKED
Month	Day	Year	Month	Day	Year	

HOURS PER WEEK

SALARY HOURLY ☐ MONTHLY ☐

REASON FOR LEAVING

Certification of Applicant: I certify that all statements made in this application and on any attachments included are true and complete to the best of my knowledge. I understand that any false statement(s) of material facts or omissions may subject me to disqualification or dismissal.

Print Name _____ Signature _____ Date _____

COUNTY OF LOS ANGELES

How did you learn about this position?

A. ☐ Ad B. ☐ County Employee C. ☐ County Bulletin Board D. ☐ Campus Recruitment E. ☐ Library

F. ☐ Job Fair G. ☐ Internet H. ☐ Job Hotline I. ☐ Other

EQUAL EMPLOYMENT OPPORTUNITY QUESTIONNAIRE

Exam Number: _____ Exam Title: _____

The following voluntary information is requested for the County of Los Angeles to evaluate its hiring practices and to prepare reports required by law for the State and Federal Government. This form will be detached from the employment application. This information will be confidential and will **NOT** be used to make a decision about your employment.

A. Please mark the group that best describes your race/ethnicity.			B. Gender
1. ☐ White	3. ☐ Black/African American (not of Hispanic origin)	5. ☐ Hispanic/Latino (Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race)	☐ Female ☐ Male
6. ☐ American Indian (subject to verification)	7. ☐ Asian or Pacific Islander (excluding Filipino)	8. ☐ Filipino	

DATE OF BIRTH Month Day Year	NAME Last First M.I.

☐ Disabled – A person with a disability is an individual who: (1) has a physical or mental impairment or medical condition that limits one or more life activities, such as walking, speaking, breathing, performing manual tasks, seeing, hearing, learning, caring for oneself or working; (2) has a record or history of such impairment or medical condition; (3) is regarded as having such an impairment or medical condition.

AFTER FIVE DAYS RETURN TO

_____

_____

_____

FIRST CLASS MAIL

PLACE
FIRST
CLASS
POSTAGE
HERE