

**WEST CITIES POLICE COMMUNICATIONS CENTERS, JOINT POWERS AUTHORITY**

**APPLICATION FOR EMPLOYMENT**

DO NOT WRITE IN THIS SPACE

West Cities Communications  
 Attn: Personnel  
 911 Seal Beach Blvd.  
 Seal Beach, CA 90740  
 (562) 594-7242

ACCEPTED  
 REJECTED

\_\_\_\_\_  
 (POSITION TITLE)

West Cities Police Communications, an Equal Opportunity Employer, is pleased that you are interested in applying for a position with our Agency. As an aid to proper placement, it will be necessary to learn about your qualifications. Your answers to the questions will be treated confidentially. False statements are cause for rejection, removal from the eligible list, or dismissal. It is the policy of West-Comm to provide equal employment opportunity to all persons without regard to race, color, religion, creed, sex, age, national origin, and physical or mental handicap. Reasonable accommodations will be made for qualified handicapped applicants.

<b>NAME:</b>	Last	First	Middle	Other names used:
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<b>ADDRESS:</b>	No.	Street	City	State	Zip Code
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<b>PHONE NUMBERS:</b> Home -	Business -	Message -
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Do you have a valid Social Security Number? YES <input type="checkbox"/> NO <input type="checkbox"/>		Driver's License Number:	Class:	Exp. Date:
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If a finalist for this position, would you object to having any of your employers contacted regarding your work? YES  NO

If yes, please explain:

Have you ever been discharged (fired) from any employment? YES  NO  If yes, please explain:

Have you ever been convicted of an offense other than a misdemeanor traffic violation since your eighteenth birthday? (Exclude convictions under Health and Safety Code No's 11357(b), (c); 11364; 11365; 11550, as they relate to marijuana prior to January 1st, 1976; or statutory predecessor thereof, over two years from the date of such conviction.) If you have, give details (date, place, charges and penalties) on a separate sheet. Place in an envelope marked 'confidential' and attach to your application.

YES  NO

Have you ever been employed by a West Cities Agency? YES  NO  If yes, when and in what position?

**CHECK HIGHEST GRADE COMPLETED:** 1  2  3  4  5  6  7  8  9  10  11  12  13  14  15  16  Graduate? Y  N  G.E.D. Y  N

**Name and location of High School:**

COLLEGES or UNIVERSITIES ATTENDED	LOCATION	DATES ATTENDED	MAJOR/ MINOR	NUMBER OF UNITS	TYPE OF DEGREE OR CERTIFICATE EARNED
<b>TRADE OR BUSINESS SCHOOLS:</b>					

List any special training, licenses, certificate and/or specific coursework you have that will be helpful in the position applied for, either military or civilian.

**EXPERIENCE:** List all positions held in the last ten years, paid or unpaid, beginning with your present or most recent experience. Attach additional sheets if more space is needed. By giving complete information you may improve your chances of employment. Resumes may be attached *but will not be accepted in lieu of complete answers.*

From: _____ / _____ To: _____ / _____ Mo. Yr. Mo. Yr.	Title of Position:			
Name and Address of Employer:	Description of Duties:			
Name of Supervisor/Phone Number:				
Reason for leaving:	No. Supervised: (If any)	No. of Hours Per Week:	Salary:	<input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month

From: _____ / _____ To: _____ / _____ Mo. Yr. Mo. Yr.	Title of Position:			
Name and Address of Employer:	Description of Duties:			
Name of Supervisor/Phone Number:				
Reason for leaving:	No. Supervised: (If any)	No. of Hours Per Week:	Salary:	<input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month

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Name and Address of Employer:	Description of Duties:			
Name of Supervisor/Phone Number:				
Reason for leaving:	No. Supervised: (If any)	No. of Hours Per Week:	Salary:	<input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month

ADDITIONAL REMARKS: Provide information regarding specific job-related knowledge, skill and ability you have that would help you in the position applied for. Include ability to operate any equipment that is required on the job.

I hereby certify that all statements in this application are true and complete and that any misstatement or omission of material facts may subject me to disqualification or dismissal.

Signature \_\_\_\_\_ Date \_\_\_\_\_

# West Cities Police Communications

To: All Applicants

From: West-Comm Personnel Office

This form will be detached from your application prior to the applicant review process. Completion of this form is voluntary.

Thank you for your assistance.

## How did you learn about this job? # \_\_\_\_\_

The response you make to this question will help us determine whether our advertisements and other methods of recruitment are effective in attracting applicants for positions available with West Cities. Please write the number of one of the items listed below to indicate how you learned of this position.

### Newspaper:

- 1. Orange County Register
- 2. San Diego Union
- 3. Los Angeles Times
- 4. Long Beach Press Telegram
- 5. Riverside Press Enterprise
- 6. Other Newspaper (Specify Below)

### Other Sources:

- 7. Cable TV
- 8. Pennysaver
- 9. P.O.R.A.C. Newsletter
- 10. Postscripts
- 11. California Law Enforcer
- 12. Hispanic Hotline
- 13. Jobs Available

- 14. West Cities Agency Employee
- 15. Friend (other than a West Cities Agency employee)
- 16. Teacher / Counselor
- 17. Interest Card on file
- 18. Walked in / called the Personnel Office
- 19. Career Day (Specify Below)
- 20. Saw a posted Job Bulletin (Specify Below)
- 21. School (Job Placement Office) (Specify Below)
- 22. Professional Publication (Specify Below)

Detail: \_\_\_\_\_

[Redacted area containing several blacked-out text blocks and two vertical columns of empty boxes for data entry.]

[Redacted area containing five rows of text, each starting with an empty checkbox followed by blacked-out text.]