

West Cities Communications Center APPLICATION FOR EMPLOYMENT

WEST CITIES COMMUNICATIONS Attention: Personnel 911 Seal Beach Blvd. Seal Beach, CA 90740 (562) 594-7242

(POSITION TITLE)

INSTRUCTIONS: Applications will be evaluated based on the information provided and it is the applicant's responsibility to ensure that the information is complete. West Cities Communications is an Equal Opportunity Employer and, as such, provides equal employment opportunity to all persons without regard to race, color, religion, sex, age, national origin, disability or genetic information. Reasonable accommodations will be made for legally qualified disabilities.

Last Name	First name			Middle name			other names used:						
Address				City				State	ZIP Code				
Home Phone		Business P	hone	one		Other Phone							
Driver License Number	Class		Exp. Date		State								
E-mail Address				Notific	ation prefere Email	ence: (select one) Postal address							
YES NO 1. Have you ever been employed by a West Cities agency (Cypress, Los Alamitos, Seal Beach)?													
2. Would you object to having any of your employers contacted regarding your work?													
3. Have you ever been discharged or asked to resign from any position?													
If you answered YES to any of the above questions, please provide an explanation:													
List any languages other than English that you can speak or understand:													
Check highest grade completed:				Graduate?			G.E.D.?						
	7	8 9		12		J Yes ∟	No		Yes No				
Name and location of High School:													
Colleges, Universities, Trade or Business Schools attended:		tion	Dates attende	Maior /	Major / Minor		er ts Type	of Degree or Certificate earned					
List any special training, licenses, certificates and/or specific course work you have that will be helpful in the position for which you are applying:													

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: /	Position Title:										
Month Year Month Year											
Name and Address of Employer	Description of Duties:										
Name of Supervisor / Phone Number											
Reason for leaving:	No. Supervised	No. of Hours	Salary:	11		Maria					
	(if any)	Per Week:		Hour	Week	Month					
From: / To: /	Position Title:										
Month Year Month Year											
Name and Address of Employer	Description of Duties:										
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	-										
Name of Supervisor / Phone Number	-										
Reason for leaving:	No. Supervised	No. of Hours	Salary:								
	(if any)	Per Week:	Galary.	Hour	Week	Month					
	Position Title:										
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Name of Supervisor / Phone Number											
Reason for leaving:	No. Supervised	No. of Hours Per Week:	Salary:	Hour	Week	Month					
	(if any)	Fel Week.									
From: / To: /	Position Title:										
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Name of Supervisor / Phone Number											
Reason for leaving:	No. Supervised	No. of Hours	Salary:	Llaum	\A/a ali	Manda					
	(if any)	Per Week:		Hour	Week	Month					
ADDITIONAL REMARKS: Provide information	regarding specific job-relate	d knowledge, skills, an	nd abilities you have that woul	d help you in t	the position	for which					
you are applying. Include ability to operate any e	quipment that may be require	d 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.