INSTRUCTIONS:

Thank you for your interest in the City of Paramount. Please complete the application on your computer using Acrobat Reader.

After completing the application, please submit it either in person, via mail or to the City email account: jobs@paramountcity.com

If you have any questions, please call (562) 220-2027.

EMPLOYMENT APPLICATION

16400 Colorado Avenue
Paramount, CA 90723-5050
(562) 220-2027 (562) 220-2080 Job Hotline
www.paramountcity.com

The City of Paramount complies with all applicable federal state and local laws prohibiting employment discrimination on the basis of race, religion, color, national origin, ancestry, physical disability, mental disability, medical condition, martial status, age, genetic information, sex, sexual orientation, gender identity, or gender expression.The City of Paramount is an equal opportunity employer.

POSITION APPLIED FOR	HOME PHONE	BUSINESS/CELL PHONE

NAME (First) (Middle) (Last)

ADDRESS

Number Street City State Zip

EMAIL ADDRESS

PLEASE ANSWER THE FOLLOWING QUESTIONS (Attach extra sheets if necessary.)

	YES	NO
1. Are you 18 years of age or older?	☐	☐
2. Were you ever employed by the City of Paramount? If yes, give dates and position.	☐	☐
3. Have you been fired, dismissed, terminated, or had an employment contract terminated from any positions for performance or disciplinary reasons? If yes, explain.	☐	☐
4. Can you perform the essential job duties listed in the description of the position applied for without limitation? If no, what can be done to reasonably accommodate any limitation?	☐	☐
5. Do you have a valid California Driver's License? If yes, state number.	☐	☐
6. Do you have any relatives employed by the City? If yes, List name and relationship.	☐	☐
7. May we contact your present employer?	☐	☐
8. If employed, can you submit verification of your legal right to work in the United States?	☐	☐

EDUCATION AND TRAINING

Highest Grade Completed:_____ **Do you have a high school diploma?** YES ☐ NO ☐ GED ☐

Name/Location of High school: _____

List colleges, universities, trade schools or training programs attended:

Name and Location	Course of Study	Units Completed	Type of Degree or Diploma Completed

EQUAL OPPORTUNITY EMPLOYER

EMPLOYMENT EXPERIENCE

Beginning with your most recent position, list all employment for the past 10 years. List separately each position held, even with the same employer. Explain any gaps between employment periods. Include any additional experience (volunteer work, professional licenses or certificates) that apply to this position. (Attach extra sheets if necessary) **"SEE ATTACHED RESUME" will not be accepted in lieu of completing this section.** Resume may be attached to provide additional information.

EMPLOYER		**JOB TITLE**
ADDRESS		**DUTIES**
TELEPHONE NO.	**SUPERVISOR**	
DATE EMPLOYED From To	**MO. SALARY**	
REASON FOR LEAVING		

EMPLOYER		**JOB TITLE**
ADDRESS		**DUTIES**
TELEPHONE NO.	**SUPERVISOR**	
DATE EMPLOYED From To	**MO. SALARY**	
REASON FOR LEAVING		

EMPLOYER		**JOB TITLE**
ADDRESS		**DUTIES**
TELEPHONE NO.	**SUPERVISOR**	
DATE EMPLOYED From To	**MO. SALARY**	
REASON FOR LEAVING		

EMPLOYER		**JOB TITLE**
ADDRESS		**DUTIES**
TELEPHONE NO.	**SUPERVISOR**	
DATE EMPLOYED From To	**MO. SALARY**	
REASON FOR LEAVING		

WORK ELIGIBILITY: Proof of legal right to work in the United States of America will be required immediately before employment.
MEDICAL REQUIREMENTS: A medical examination at City expense by a City designated physician may be required of anyone appointed to a position.
CRIMINAL CONVICTIONS: The existence of a criminal record does not necessarily disqualify you from consideration; convictions are evaluated only in regard to the nature of the duties of the position for which you apply.
FINGERPRINTING: Applicants will be fingerprinted at time of appointment.

I have read and understand the above listed conditions of employment with the City of Paramount. I certify that all the statements contained in this application are true and complete and I agree and understand that any misstatements or omissions of material fact will subject me to disqualification or dismissal. I understand that my employment with the City of Paramount is at the pleasure of the appointing authority.

If I am a finalist for this position, I authorize the City of Paramount to obtain information regarding refrences, education or training, prior employment, driving record, and criminal history.

Signature of Applicant_____ Date___/___/___

City of Paramount

VOLUNTARY APPLICATION INFORMATION FORM

The City of Paramount is an Affirmative Action/EEO employer. To comply with Federal regulations on applicant flow patterns (41 CFR 60-2.12), we would appreciate your VOLUNTARY cooperation in providing the following information. This information will be used for statistical purposes only and is not part of the selection process.

Male ☐
Female ☐
Disabled ☐
Over 40 years of age ☐

Black ☐
White ☐
Hispanic ☐
American Indian ☐
Asian ☐
Other ☐

Position applied for: