

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, marital 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?	<input type="checkbox"/>	<input type="checkbox"/>
2. Were you ever employed by the City of Paramount? If yes, give dates and position.	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you been fired, dismissed, terminated, or had an employment contract terminated from any positions for performance or disciplinary reasons? If yes, explain.	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you have a valid California Driver's License? If yes, state number.	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you have any relatives employed by the City? If yes, List name and relationship.	<input type="checkbox"/>	<input type="checkbox"/>
7. May we contact your present employer?	<input type="checkbox"/>	<input type="checkbox"/>
8. If employed, can you submit verification of your legal right to work in the United States?	<input type="checkbox"/>	<input type="checkbox"/>

EDUCATION AND TRAINING	Highest Grade Completed: _____	Do you have a high school diploma? YES <input type="checkbox"/> NO <input type="checkbox"/> GED <input type="checkbox"/>	
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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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				MO. SALARY
From _____ To _____				
REASON FOR LEAVING				

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

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

EMPLOYER		JOB TITLE		
ADDRESS		DUTIES		
TELEPHONE NO.	SUPERVISOR			
DATE EMPLOYED				MO. SALARY
From _____ To _____				
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 references, 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

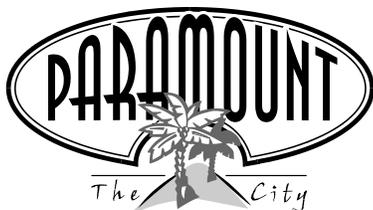
Hispanic

American Indian

Asian

Other

Position applied for:



Office Aide II

The purpose of the supplemental questionnaire is to generate additional information regarding your experience as it relates to the duties of this position. Respond as briefly as possible, but be specific, thorough and accurate in providing details.

Please respond to each of the following questions. Number your responses to correspond with the numbers of the questions, and limit your responses to less than one page per question. In each response, identify your employer(s), title(s), and date(s) of employment for each portion of the experience you cite. Also indicate whether or not this experience was/is a primary focus of your responsibilities in that position.

Your responses will be evaluated based on the type, amount, variety, scope and levels of difficulty and responsibility demonstrated. This information will be used in the evaluation of your application. Blank or incomplete responses will indicate that you do not meet the job requirements needed for the position.

Please return the completed questionnaire with the City of Paramount employment application by **Friday, December 16, 2016, 5:00 PM.**

If you have any questions or need assistance, please contact the Personnel Department.

JOB REQUIREMENTS

1. List any courses or experience which demonstrates your ability to utilize a variety of computer software programs, such as Microsoft Word, Excel, Outlook, Powerpoint, etc.

2. Describe your experience which demonstrates your ability to interact with the public.

3. Describe your experience in maintaining office files, preparing a variety of reports, updating various logs and maintaining records.

I hereby certify that all statements made in this application are true and complete to the best of my knowledge.

Signature

Date