COUNTY OF LOS ANGELES EMPLOYMENT APPLICATION INFORMATION SHEET

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 for education and training, 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. VETERAN'S CREDIT: In all open competitive examinations, a veteran's credit of 10 percent of the total credits specified for such examinations will be added to the final passing grade of an honorably discharged veteran who served in the Armed Forces of the United States under any of the following conditions:

- a. During a declared war;
- b. During the period April 28, 1952 through July 1, 1955;
- **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;
- d. During the Gulf War from August 2, 1990 through January 2, 1992;
- e. For more than 180 consecutive days, other than for training, any part of which occurred during the period beginning September 11, 2001, and ending on the date prescribed by Presidential proclamation or by law as the last day of Operation Iraqi Freedom; or
- f. In a campaign or expedition for which a campaign medal or expeditionary medal has been authorized and awarded. Any Armed Forces Expeditionary medal or campaign badge, including El Salvador, Lebanon, Grenada, Panama, Southwest Asia, Somalia, and Haiti qualifies for credit.

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A campaign medal holder or Gulf War veteran who originally enlisted after September 7, 1980 (or began active duty on or after October 14, 1982, and has not previously completed 24 months of continuous active duty) must have served continuously for 24 months or the full period called or ordered to active duty.

The credit also applies to the spouse of any 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.

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:** As part of the selection process you may be required to complete and submit a *Candidate Conviction History Questionnaire* (CCHQ). PLEASE DO NOT SUBMIT THE CCHQ WITH YOUR APPLICATION, **unless instructed to do so.** A full disclosure of all convictions is required, when requested. 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. For more information regarding convictions that are not subject to disclosure, please refer to the CCHQ form found in the website.



County of Los Angeles EMPLOYMENT APPLICATION

Department of Human Resources 24-Hour Job Information Hotlines: Open Competitive: (800) 970-5478 Transfers/Promotional Opportunities: (213) 974-8335 TTY: (800) 899-4099 <u>http://hr.lacounty.gov</u>

1a. EXAM NUMBER 1	ib. EXAMI	NATION TIT	ĽΕ		OFFICIAL USE ONLY ACCEPTED DENIEI			D DENIED
2. SOCIAL SECURITY NU (needed for record control p	Analyst Date			Date				
3. NAME Last	r	First	М.	I.				
OTHER Last AMES USED IN EMPLOY- MENT		First	M.I					
4. ADDRESS Number	r	Street	Ар	ot. #				
City		State	Zi	p				
5a. HOME PHONE		5b. BUSINE	ESS/MESSAGE PHO	ONE	Final Score	Group	Veterans Credi	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. AAny Area BAntelope Valley CSan Fernando Valley DSan Gabriel Valley Palmdale/Lancaster Burbank/Glendale/Northridge/Santa Clarita DSan Gabriel Valley EMetro FWest Pasadena/Monterey Park/El Monte/Pomona EMetro FWest GSouth Los Angeles/West Hollywood/Eagle Rock Malibu/Santa Monica/Beverly Hills Inglewood/ Compton /Willowbrook/Watts HEast ISouth Gate/Whittier South Bay/Harbor 7. Indicate the type of appointment you will AFull-time Permanent accept: BTemporary CRecurrent, As Needed, or Seasonal 8. Shifts you are willing to work: A								
A Read □ Speak	□ Write	B_	□ Read □ S	peak 🗆 V	C Vrite		\Box Read \Box S	beak 🗆 Write
10. Have you ever been a C	County of Lo Payroll Tit	-	nployee? YES] NO If	"YES," please	complete th	-	
Employee Number Department	Department Number Status: Tempora		Employment Status: Permanent Temporary Recurrent					
11. If a license or certificate License or Certific	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							
					Date Issu		Expli	
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?								
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? If "YES," please attach an explanation with the name and address of the company, and the date and the reason for the termination.								
 15. As part of the selection process, you will be required to complete and submit a <i>Candidate Conviction History Questionnaire</i>. PLEASE DO <u>NOT</u> SUBMIT THE <i>CANDIDATE CONVICTION HISTORY QUESTIONNAIRE</i> WITH YOUR APPLICATION. You will be instructed to submit the <i>Candidate Conviction History Questionnaire</i> at the appropriate time. I have read and understand that I will be required to submit the <i>Candidate Conviction History Questionnaire</i> form only when requested to do so by authorized County departmental human resources personnel: Yes 								

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 or	der to receive CRED	IT FOR
COLLEGE WORK, be sure to include a copy of your diploma, transcript, or certificate unless otherwise directed by the jo	ob bulletin.	

COLLEGE WORK, be sure to include a cop	by of your dipionia,	transcript, or o	certificate unless of	Stherwise directed by	y the job bulletin.	
NAME AND LOCATION OF	DATES ATTENDED	CREDITS COMPLETED		MAJOR	UNITS	DEGREES OR
COLLEGES OR SCHOOLS ATTENDED		SEMESTER	QUARTER	SUBJECT OR COURSE	COMPLETED IN MAJOR	CERTIFICATES RECEIVED
	FROM					
	ТО					
	FROM					
	ТО					
	FROM					
	ТО					
REQUIRED OR RE	LATED COURSES	S: (Attach an a	dditional sheet if	necessary to list all o	courses completed)	
SCHOOL COURSE NAM	IE UI	NITS	SCHOOL	COU	RSE 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					DEPAR	TMENT	PAYROLL TITLE (for each title use a separate section)		NUMBER YOU SUPERVISED	
EMPLOYER'S ADDRESS							DUTIES			
CITY/STATE ZIP CODE					ZIP (CODE				
FROM Month	Day	Year	TO Month	Day	Year	TOTAL MOS. WORKED				
HOURS	S PER WEI	EK	SALARY	Y		HOURLY MONTHLY	REASON FOR LEAVING	Are you employed by this company no If "YES," may we contact your emplo	yer? 🛛 YES 🗆 NO	
EMPLO	YER or C	OUNTY	7 DEPART	MENT			PAYROLL TITLE (for each title use a separate section)	NUMBER YOU SUPERVISED		
	YER'S AI	DDRES	s				DUTIES			
CITY/STATE ZIP CODE					ZIP					
FROM Month		Year	TO Month	Day	Year	TOTAL MOS. WORKED				
HOURS	S PER WEI	EK	SALARY	Ŷ		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					ZIP (CODE				
FROM Month	Day	Year	TO Month	Day	Year	TOTAL MOS. WORKED				
HOURS	S PER WEI		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. Dob Fair G. Internet Social Media H. Internet Job Board I. Dob Hotline J. Other						
K. Word of Mouth"/ Informal Communication L. County Website						

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	B. Gender						
1. 🗌 White	3. Black/African American (not of Hispanic origin)	 Hispanic/Latino (Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race) 	Female				
6. American Indian (subject to verification)	7. Asian or Pacific Islander (excluding Filipino)	8. 🗌 Filipino					
DATE OF Month BIRTH	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