



City of Avalon  
 P.O. Box 707  
 Avalon, CA. 90704  
 Fax number: 310-510-0901  
 HR email: hr@cityofavalon.com

Applications may be faxed, emailed, mailed, or hand delivered to City Hall  
 Completely fill in the application. Attach resume to application, but do not write "See resume" on any  
 application sections.

<b>Date</b>		<b>Position:</b>	<b>Equipment Mechanic – Open Until Filled</b>
-------------	--	------------------	---

APPLICANT INFORMATION			
Last Name	First	M.I.	Cell #:
Mailing Address			Phone #:
City	State	ZIP	
Personal Email			
Are you a citizen of the United States? YES <input type="checkbox"/> NO <input type="checkbox"/> If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Driver's License	State CA	Expiration Date	

EDUCATION	
High School	Address
Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College	Address
Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/> What Year	Degree
Other	Address
Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/> What Year	Degree

REFERENCES	
<b>LIST THREE <u>WORK</u> RELATED REFERENCES</b>	
Full Name	Relationship
Company	Phone (     )
Address	
Full Name	Relationship

Company	Phone (    )
Address	
Full Name	Relationship
Company	Phone (    )
Address	

**PREVIOUS EMPLOYMENT**

Company		Address	
Job Title	From	To present	
Reason for Leaving			
Company		Address	
Job Title	From	To	
Reason for Leaving			
Company		Address	
Job Title	From	To	
Reason for Leaving			
Company		Address	
Job Title	From	To	
Reason for Leaving			

**MILITARY SERVICE**

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

**DISCLAIMER AND SIGNATURE**

IMPORTANT: CERTIFICATE OF APPLICANT

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

Signature	Date
-----------	------

