



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.

| | | | |
|-------------|--|------------------|---|
| Date | | Position: | Code Enforcement Officer – Due by 10/6/2017 by 4pm |
|-------------|--|------------------|---|

| 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 | |
|--|--------------|
| LIST THREE <u>WORK</u> RELATED REFERENCES | |
| 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 |
|-----------|------|

