



Position Applying For:

Name: Last, First, Middle:

Social Security Number:

Email Address:

Address: Street Apartment Number, City State, Zip Code:

Home Telephone Number:

Other Telephone Number:

Are you over the Age of 18? Yes ☐ No ☐ Are you applying for a sworn law enforcement position, are you over the age of 21? Yes ☐ No ☐

Do you have a drivers license? Yes ☐ No ☐

What State issued your Driver License? Expiration date of the driver license? Class of the driver license? Please write your drivers license number:

Are any members of your family or any relative employed by the City of Chatsworth? If yes, give Name, relationship and where employed:

Have you ever served on active duty with U.S. Armed Forces? Yes ☐ No ☐

If you answered Yes to the question above, what branch, date entered active duty, date discharged/separated and final rank:

Education: Name of High School/Address of High School/Did you graduate? If yes, what year?

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If you did not graduate from high school do you have a GED? Is the GED Military or Civilian

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College/University? Name of Institution(s) address(es) of Institution(s) Dates Attended (Month/Year to Month/Year) Did you graduate? Type of Degree

Name of Institution	Address	Dates Attended Month/Year to Month Year	Year of Graduation	Type of Degree

Give the name of any professional (engineering, police, CPA, etc.) license you hold/date awarded:

Professional License	Date Awarded	Date Expired

Have you had any disciplinary action, to include verbal, written warnings, reprimands, suspensions or counseling taken against you for any employment or positions you have held? If so, provide details of the occurrences(s):

Have you resigned or left a job by mutual agreement for any reason? If so, please provide details:

Personal References: Three references (not a relative/a former or present employer, fellow employees or school teachers) who are responsible adults of reputable standing in the communities, such as property owners, business or professional men or women.

Name	Address	Phone Number

EMPLOYMENT HISTORY: Do not reference history as "see resume." Please fill out completely

(1) Dates of Employment _____ to _____ (Present) Time Employed ____ (years) ____ (months)
Starting Wage _____ per _____ (hour/annual salary) Final Salary _____ per) _____ (hour/annual salary)
Employer _____ Employer's Phone Number _____
Employer's Address _____
Type of Business _____ Your Position _____
Your Specific Duties _____

Reason for Leaving _____

(2) Dates of Employment _____ to _____ (Present) Time Employed ____ (years) ____ (months)
Starting Wage _____ per _____ (hour/annual salary) Final Salary _____ per) _____ (hour/annual salary)
Employer _____ Employer's Phone Number _____
Employer's Address _____
Type of Business _____ Your Position _____
Your Specific Duties _____

Reason for Leaving _____

(3) Dates of Employment _____ to _____ (Present) Time Employed ____ (years) ____ (months)
Starting Wage _____ per _____ (hour/annual salary) Final Salary _____ per) _____ (hour/annual salary)
Employer _____ Employer's Phone Number _____
Employer's Address _____
Type of Business _____ Your Position _____
Your Specific Duties _____

Reason for Leaving _____

APPLICANT CERTIFICATION

CERTIFICATION: (Please read the application and your answers carefully before signing.)

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement on this application or on any documents used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

I hereby authorize the City of Chatsworth (the City) to thoroughly investigate my references, work records, personnel records, education, criminal background and other matters related to my suitability for employment and, further authorize my current and former employers to disclose to the company any and all letters, reports and other information pertaining to my employment with them without giving me prior notice of such disclosure. In addition, I hereby release the City, my current and former employers, and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure. If I am an applicant for a sworn law enforcement position, I also understand that I will be fingerprinted. I understand that this employment application shall become the property of the City and that it and the information received in response to the background examination are public records.

I understand that if offered employment through a formal written offer letter, the offer is contingent on my passing the drug screen and physical. Refusal to submit or failure to pass the drug screen/physical will result in withdrawal of the offer of employment.

A driving history will be required for all applicants of Police and Firefighter positions also possibly other positions when driving city vehicles are involved.

Applicant's Signature _____ Date _____

COMPLETE THE FOLLOWING CERTIFICATION ONLY IF APPLYING FOR A POLICE OR FIRE DEPARTMENT POSITION

In addition to the above statement, by signing this application I voluntarily agree to submit to the required pre-employment tests that may include physical ability, psychological test, polygraph and drug screen/physical. I understand that passing the required pre-employment tests are required in order to be employed in a sworn law enforcement and certified fire position with the City. I understand that the physical agility, polygraph and psychological test will be administered prior to an offer of employment and if offered employment through a formal written offer letter, the offer is contingent on my passing the drug screen and physical.

I understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with the City is of an "at will" nature, which means that I may resign at any time and the City may discharge me at any time with or without cause.

My signature below certifies that I have read and understand this complete page, and agree to the terms and conditions outlined in this document.

AFFIDAVIT *(Must be notarized)*

Applicant's Signature _____ Date _____

The foregoing was acknowledge before me this _____ day of _____ Year _____

By, _____, who is personally known by me or who
has produced _____ as identification.

Signature of person taking acknowledgment _____ Printed Name _____

Title or Rank