



# EMPLOYMENT APPLICATION

CITY OF NEWPORT BEACH - POLICE DEPARTMENT, PERSONNEL & TRAINING SECTION  
870 SANTA BARBARA DRIVE  
P.O. Box 7000  
NEWPORT BEACH CA 92658-7000

PLEASE TYPE OR PRINT

POSITION APPLYING FOR: RECRUIT \_\_\_\_\_ ACADEMY TRAINED \_\_\_\_\_ LATERAL \_\_\_\_\_ RESERVE \_\_\_\_\_

OTHER POSITION (SPECIFY) \_\_\_\_\_ FULL TIME \_\_\_\_\_ PART-TIME \_\_\_\_\_

NAME \_\_\_\_\_ HOME PHONE ( ) \_\_\_\_\_

RES. ADDRESS \_\_\_\_\_ WORK PHONE ( ) \_\_\_\_\_

CITY, STATE, ZIP CODE \_\_\_\_\_ CELL PHONE ( ) \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

CALIFORNIA DRIVER LICENSE NUMBER \_\_\_\_\_ CLASS \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

HIGH SCHOOL ATTENDED \_\_\_\_\_ LOCATION \_\_\_\_\_ GRADUATE? Yes No

NAME OF COLLEGES/UNIVERSITIES ATTENDED	LOCATION	DESCRIPTION OF COURSES, MAJOR SUBJECTS	NUMBER OF UNITS	DEGREE RECEIVED

### MILITARY SERVICE

BRANCH \_\_\_\_\_ DATE OF ENTRY \_\_\_\_\_ DATE OF RELEASE \_\_\_\_\_

HIGHEST RANK \_\_\_\_\_ TYPE OF DISCHARGE \_\_\_\_\_

TECHNICAL OR PROFESSIONAL LICENSES CURRENTLY VALID \_\_\_\_\_

MEMBERSHIP IN TECHNICAL OR PROFESSIONAL ASSOCIATIONS \_\_\_\_\_

- ARE YOU AT LEAST 18 YEARS OF AGE (OR 20 1/2 YEARS OF AGE FOR POLICE OFFICER)? . . . . . Yes No  
**BELOW QUESTIONS, WHEN ANSWERED WITH A "YES", REQUIRE AN EXPLANATION IN THE REMARKS SECTION BELOW.  
USE A SEPARATE SHEET, IF NEEDED, TO FULLY EXPLAIN YOUR ANSWER(S).**
- HAVE YOU APPLIED WITH OR WORKED FOR THE CITY OF NEWPORT BEACH BEFORE? . . . . . Yes No
- HAVE YOU EVER USED ANY OTHER NAME(S)? . . . . . Yes No
- HAVE YOU EVER BEEN ARRESTED? . . . . . Yes No
- HAVE YOU EVER PLED "GUILTY", "NO CONTEST," OR HAVE YOU EVER BEEN "CONVICTED" OF ANY CRIMINAL OFFENSE, OTHER THAN A MINOR TRAFFIC VIOLATION? . . . . . Yes No
- ARE YOU CURRENTLY OUT ON BAIL OR HAVE YOU BEEN RELEASED ON YOUR OWN RECOGNIZANCE PENDING TRIAL? . . . Yes No
- DO YOU HAVE ANY RELATIVES EMPLOYED BY THE CITY OF NEWPORT BEACH? . . . . . Yes No
- WERE YOU EVER FIRED, FORCED TO RESIGN FROM A POSITION, OR RESIGNED IN LIEU OF BEING FIRED? . . . . . Yes No
- WOULD YOU MIND IF WE CONTACTED YOUR PRESENT OR PAST EMPLOYER(S) FOR A WORK REFERENCE? . . . . . Yes No

**REMARKS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PURSUANT TO THE IMMIGRATION REFORM AND CONTROL ACT (IRCA) OF 1986, ALL NEW-HIRE APPLICANTS WILL BE REQUIRED TO SHOW PROOF OF LEGAL RESIDENCE ENTITLING THEM TO WORK IN THE UNITED STATES, PRIOR TO BECOMING AN EMPLOYEE OF THE CITY OF NEWPORT BEACH.

**FAILURE TO PROVIDE ALL INFORMATION REQUESTED IN THIS SECTION MAY LEAD TO YOUR APPLICATION BEING DISQUALIFIED.**

**DO NOT ATTACH A RESUME IN LIEU OF PROVIDING THIS INFORMATION.**

**EXPERIENCE:** *BEGIN WITH YOUR MOST RECENT EXPERIENCE.* LIST ALL POSITIONS SEPARATELY HELD FOR THE LAST TEN (10) YEARS, INCLUDING PERIODS OF UNEMPLOYMENT AND MILITARY SERVICE. GIVE FULL DETAILS ABOUT EXPERIENCE WHICH, IN YOUR OPINION, MAKES YOU QUALIFIED FOR THE JOB FOR WHICH YOU ARE APPLYING. IN ADDITION, LIST ANY VOLUNTEER EXPERIENCE WHICH YOU BELIEVE HAS ENHANCED YOUR QUALIFICATIONS. FOR FULL CONSIDERATION, YOU MUST PROVIDE ALL INFORMATION REQUESTED ABOUT YOUR QUALIFICATIONS AND WORK RECORD.

Mo/Yr to Mo/Yr	NAME AND ADDRESS OF BUSINESS OR AGENCY/DEPARTMENT	TITLE OF YOUR POSITION	No. EMPL. UNDER YOUR SUPERVISION
HOURS PER WEEK		NAME OF SUPERVISOR	SUPERVISOR'S PHONE No.
SALARY/MONTH \$	DUTIES: _____		
REASON FOR LEAVING	_____		
YOUR NAME WITH THIS AGENCY IF DIFFERENT THAN CURRENT NAME			
Mo/Yr to Mo/Yr	NAME AND ADDRESS OF BUSINESS OR AGENCY/DEPARTMENT	TITLE OF YOUR POSITION	No. EMPL. UNDER YOUR SUPERVISION
HOURS PER WEEK		NAME OF SUPERVISOR	SUPERVISOR'S PHONE No.
SALARY/MONTH \$	DUTIES: _____		
REASON FOR LEAVING	_____		
YOUR NAME WITH THIS AGENCY IF DIFFERENT THAN CURRENT NAME			
Mo/Yr to Mo/Yr	NAME AND ADDRESS OF BUSINESS OR AGENCY/DEPARTMENT	TITLE OF YOUR POSITION	No. EMPL. UNDER YOUR SUPERVISION
HOURS PER WEEK		NAME OF SUPERVISOR	SUPERVISOR'S PHONE No.
SALARY/MONTH \$	DUTIES: _____		
REASON FOR LEAVING	_____		
YOUR NAME WITH THIS AGENCY IF DIFFERENT THAN CURRENT NAME			
Mo/Yr to Mo/Yr	NAME AND ADDRESS OF BUSINESS OR AGENCY/DEPARTMENT	TITLE OF YOUR POSITION	No. EMPL. UNDER YOUR SUPERVISION
HOURS PER WEEK		NAME OF SUPERVISOR	SUPERVISOR'S PHONE No.
SALARY/MONTH \$	DUTIES: _____		
REASON FOR LEAVING	_____		
YOUR NAME WITH THIS AGENCY IF DIFFERENT THAN CURRENT NAME			

**CERTIFICATE OF APPLICANT:** I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION AND ATTACHMENTS ARE TRUE, AND I AGREE AND UNDERSTAND THAT MISSTATEMENTS OR OMISSIONS OF ANY MATERIAL FACT MAY BE CAUSE FOR DISQUALIFICATION OR DISMISSAL FROM EMPLOYMENT WITH THE CITY OF NEWPORT BEACH. I UNDERSTAND THAT THE CITY MAY INVESTIGATE MY DRIVING RECORD AND MY CRIMINAL RECORD AND THAT AN INVESTIGATIVE CONSUMER REPORT MAY BE PREPARED. I FURTHER UNDERSTAND THAT THE CITY MAY CONTACT MY PREVIOUS EMPLOYERS AND I AUTHORIZE THOSE EMPLOYERS TO DISCLOSE TO THE CITY ALL RECORDS AND INFORMATION PERTINENT TO MY EMPLOYMENT WITH THEM. IN ADDITION TO AUTHORIZING THE RELEASE OF ANY INFORMATION REGARDING MY EMPLOYMENT, I HEREBY FULLY WAIVE ANY RIGHTS OR CLAIMS I HAVE OR MAY HAVE AGAINST MY FORMER EMPLOYERS, THEIR AGENTS, EMPLOYEES OR REPRESENTATIVES, AS WELL AS OTHER INDIVIDUALS WHO RELEASE INFORMATION TO THE CITY, AND RELEASE THEM FROM ANY AND ALL LIABILITY, CLAIMS, OR DAMAGES THAT MAY DIRECTLY OR INDIRECTLY RESULT FROM THE USE, DISCLOSURE, OR RELEASE OF ANY SUCH INFORMATION BY ANY PERSON OR PARTY, WHETHER SUCH INFORMATION IS FAVORABLE OR UNFAVORABLE TO ME.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_ PAGE \_\_\_\_\_ OF \_\_\_\_\_

**FAILURE TO PROVIDE ALL INFORMATION REQUESTED IN THIS SECTION MAY LEAD TO YOUR APPLICATION BEING DISQUALIFIED. DO NOT ATTACH A RESUME IN LIEU OF PROVIDING THIS INFORMATION. IF YOU NEED MORE SPACE FOR YOUR JOB RECORD, USE THE SAME FORMAT ON PLAIN WHITE PAPER.**

**EXPERIENCE:** BEGIN WITH YOUR MOST RECENT EXPERIENCE. LIST ALL POSITIONS SEPARATELY HELD FOR THE LAST TEN (10) YEARS, INCLUDING PERIODS OF UNEMPLOYMENT AND MILITARY SERVICE. GIVE FULL DETAILS ABOUT EXPERIENCE WHICH, IN YOUR OPINION, MAKES YOU QUALIFIED FOR THE JOB FOR WHICH YOU ARE APPLYING. IN ADDITION, LIST ANY VOLUNTEER EXPERIENCE WHICH YOU BELIEVE HAS ENHANCED YOUR QUALIFICATIONS. FOR FULL CONSIDERATION, YOU MUST PROVIDE ALL INFORMATION REQUESTED ABOUT YOUR QUALIFICATIONS AND WORK RECORD.

Mo/Yr to Mo/Yr	NAME AND ADDRESS OF BUSINESS OR AGENCY/DEPARTMENT	TITLE OF YOUR POSITION	No. EMPL. UNDER YOUR SUPERVISION
HOURS PER WEEK		NAME OF SUPERVISOR	SUPERVISOR'S PHONE No.
SALARY/MONTH \$	DUTIES: _____		
REASON FOR LEAVING	_____		
YOUR NAME WITH THIS AGENCY IF DIFFERENT THAN CURRENT NAME			
Mo/Yr to Mo/Yr	NAME AND ADDRESS OF BUSINESS OR AGENCY/DEPARTMENT	TITLE OF YOUR POSITION	No. EMPL. UNDER YOUR SUPERVISION
HOURS PER WEEK		NAME OF SUPERVISOR	SUPERVISOR'S PHONE No.
SALARY/MONTH \$	DUTIES: _____		
REASON FOR LEAVING	_____		
YOUR NAME WITH THIS AGENCY IF DIFFERENT THAN CURRENT NAME			
Mo/Yr to Mo/Yr	NAME AND ADDRESS OF BUSINESS OR AGENCY/DEPARTMENT	TITLE OF YOUR POSITION	No. EMPL. UNDER YOUR SUPERVISION
HOURS PER WEEK		NAME OF SUPERVISOR	SUPERVISOR'S PHONE No.
SALARY/MONTH \$	DUTIES: _____		
REASON FOR LEAVING	_____		
YOUR NAME WITH THIS AGENCY IF DIFFERENT THAN CURRENT NAME			
Mo/Yr to Mo/Yr	NAME AND ADDRESS OF BUSINESS OR AGENCY/DEPARTMENT	TITLE OF YOUR POSITION	No. EMPL. UNDER YOUR SUPERVISION
HOURS PER WEEK		NAME OF SUPERVISOR	SUPERVISOR'S PHONE No.
SALARY/MONTH \$	DUTIES: _____		
REASON FOR LEAVING	_____		
YOUR NAME WITH THIS AGENCY IF DIFFERENT THAN CURRENT NAME			

**CERTIFICATE OF APPLICANT:** I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION AND ATTACHMENTS ARE TRUE, AND I AGREE AND UNDERSTAND THAT MISSTATEMENTS OR OMISSIONS OF ANY MATERIAL FACT MAY BE CAUSE FOR DISQUALIFICATION OR DISMISSAL FROM EMPLOYMENT WITH THE CITY OF NEWPORT BEACH. I UNDERSTAND THAT THE CITY MAY INVESTIGATE MY DRIVING RECORD AND MY CRIMINAL RECORD AND THAT AN INVESTIGATIVE CONSUMER REPORT MAY BE PREPARED. I FURTHER UNDERSTAND THAT THE CITY MAY CONTACT MY PREVIOUS EMPLOYERS AND I AUTHORIZE THOSE EMPLOYERS TO DISCLOSE TO THE CITY ALL RECORDS AND INFORMATION PERTINENT TO MY EMPLOYMENT WITH THEM. IN ADDITION TO AUTHORIZING THE RELEASE OF ANY INFORMATION REGARDING MY EMPLOYMENT, I HEREBY FULLY WAIVE ANY RIGHTS OR CLAIMS I HAVE OR MAY HAVE AGAINST MY FORMER EMPLOYERS, THEIR AGENTS, EMPLOYEES OR REPRESENTATIVES, AS WELL AS OTHER INDIVIDUALS WHO RELEASE INFORMATION TO THE CITY, AND RELEASE THEM FROM ANY AND ALL LIABILITY, CLAIMS, OR DAMAGES THAT MAY DIRECTLY OR INDIRECTLY RESULT FROM THE USE, DISCLOSURE, OR RELEASE OF ANY SUCH INFORMATION BY ANY PERSON OR PARTY, WHETHER SUCH INFORMATION IS FAVORABLE OR UNFAVORABLE TO ME.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
 PRINT NAME: \_\_\_\_\_ PAGE \_\_\_\_\_ OF \_\_\_\_\_

