



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:	Part Time Harbor Patrol
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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	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
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