

# California JPIA Employment Application Instructions

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Please read and follow these instructions carefully.

The following employment application is a requirement for eligibility in the California JPIA hiring process. The application must be fully completed and submitted by the designated deadline to be considered for any position within California JPIA.

This application may be filled out electronically using the form fields provided in this PDF file or you may print the application and complete it by hand.

The completed application, answers to the supplemental questions, and your resume should be mailed to:

**California JPIA**  
**Attn: Tammie Haller, Human Resources Manager**  
**8081 Moody Street**  
**La Palma, CA 90623**

Or, if you have Adobe Acrobat Standard or Professional, you may save the completed application and email it along with the answers to the supplemental questions and your resume to [thaller@cjpia.org](mailto:thaller@cjpia.org).

The deadline is the same for both electronic and mailed applications. The method by which the application is completed will have no bearing on your participation in our hiring process.

We look forward to reviewing your information.



CALIFORNIA

J · P · I · A

EQUAL OPPORTUNITY EMPLOYER

# EMPLOYMENT APPLICATION

POSITION APPLIED FOR:

RETURN TO:

Tammie Haller, Human Resources Manager  
8081 Moody Street, La Palma, CA 90623  
(562) 467-8700

The law prohibits discrimination because of age, sex, religion, race, color, marital status, disability, national origin, sexual orientation, or any legally protected status and requires affirmative action in the hiring of disabled and veterans. The California JPIA is an equal opportunity employer. If you need assistance in completing this application, please let us know.

1. NAME            Last	First	Middle
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2. ADDRESS    Number, Street, City, State, Zip Code
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3. DAYTIME TELEPHONE (    ) _____ EVENING TELEPHONE (    ) _____	4. HOW DID YOU LEARN ABOUT THIS OPPORTUNITY?
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5. HAVE YOU EVER BEEN DISCHARGED OR ASKED TO RESIGN FROM ANY EMPLOYMENT? ___ YES ___ NO IF "YES" EXPLAIN:
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6. DO YOU HAVE ANY RELATIVES EMPLOYED BY OR HOLDING ELECTED OR APPOINTED OFFICE WITH THE CALIFORNIA JPIA? ___ YES ___ NO IF "YES" EXPLAIN: NAME: _____ RELATIONSHIP TO YOU _____
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7. HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR (INCLUDE MILITARY OFFENSES) OTHER THAN A MINOR TRAFFIC VIOLATION? ___ YES ___ NO IF "YES" PLEASE PROVIDE DETAILS BELOW OR ON AN ATTACHED SHEET. A CRIMINAL RECORD DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT. EMPLOYABILITY WILL DEPEND UPON THE NATURE OF THE OFFENSE, THE JOB IN QUESTION, AND THE CONDUCT OF THE APPLICANT SINCE THE OFFENSE WAS COMMITTED.
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8. LIST ANY MACHINES OR EQUIPMENT YOU CAN OPERATE RELATED TO POSITION (INCLUDE TYPING SPEED FOR CLERICAL).
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9. PLEASE LIST ANY SPECIAL SKILLS, QUALIFICATIONS, TRAINING, CERTIFICATIONS, ETC. YOU HAVE RELATED TO THIS POSITION?
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10. CAN YOU PERFORM THE ESSENTIAL JOB FUNCTIONS LISTED IN THE JOB ANNOUNCEMENT WITHOUT ANY ACCOMMODATION? ___ YES ___ NO IF "NO" DESCRIBE THE JOB FUNCTION REQUIRING ACCOMMODATION AND THE TYPE OF ACCOMMODATION YOU REQUIRE TO PERFORM THAT JOB FUNCTION.
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11. EDUCATION AND TRAINING.
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HIGH SCHOOL, COLLEGE, UNIVERSITY, OR TECHNICAL SCHOOL	MAJOR COURSE OF STUDY	UNITS COMPLETED	DEGREE, DIPLOMA, OR CERTIFICATE AWARDED

**NOTE: PLEASE COMPLETE SECOND PAGE OF THE APPLICATION.**

12. EXPERIENCE: READ ALL EXPERIENCE REQUIREMENTS IN THE JOB ANNOUNCEMENT BEFORE COMPLETING THIS SECTION. BEGINNING WITH YOUR PRESENT OR MOST RECENT JOB, LIST SEPARATELY EACH POSITION HELD, EVEN WITH THE SAME EMPLOYER. SHOW EXPERIENCE FOR THE LAST TEN YEARS. ATTACH ADDITIONAL SHEETS IF NECESSARY.

TITLE OF PRESENT OR MOST RECENT POSITION		DUTIES PERFORMED	
ORGANIZATION NAME			
ADDRESS			
NAME AND TITLE OF PRESENT SUPERVISOR			
TELEPHONE	MAY WE CONTACT THIS PERSON? ___ YES ___ NO		
FROM (MO & YR)	TO (MO & YR)	TOTAL TIME IN ORGANIZATION	
NUMBER OF HOURS PER WEEK	NUMBER OF PEOPLE SUPERVISED	START SALARY END SALARY	REASON FOR LEAVING

TITLE OF POSITION		DUTIES PERFORMED	
ORGANIZATION NAME			
ADDRESS			
NAME AND TITLE OF SUPERVISOR			
TELEPHONE	MAY WE CONTACT THIS PERSON? ___ YES ___ NO		
FROM (MO & YR)	TO (MO & YR)	TOTAL TIME IN ORGANIZATION	
NUMBER OF HOURS PER WEEK	NUMBER OF PEOPLE SUPERVISED	START SALARY END SALARY	REASON FOR LEAVING

TITLE OF POSITION		DUTIES PERFORMED	
ORGANIZATION NAME			
ADDRESS			
NAME AND TITLE OF SUPERVISOR			
TELEPHONE	MAY WE CONTACT THIS PERSON? ___ YES ___ NO		
FROM (MO & YR)	TO (MO & YR)	TOTAL TIME IN ORGANIZATION	
NUMBER OF HOURS PER WEEK	NUMBER OF PEOPLE SUPERVISED	START SALARY END SALARY	REASON FOR LEAVING

TITLE OF POSITION		DUTIES PERFORMED	
ORGANIZATION NAME			
ADDRESS			
NAME AND TITLE OF SUPERVISOR			
TELEPHONE	MAY WE CONTACT THIS PERSON? ___ YES ___ NO		
FROM (MO & YR)	TO (MO & YR)	TOTAL TIME IN ORGANIZATION	
NUMBER OF HOURS PER WEEK	NUMBER OF PEOPLE SUPERVISED	START SALARY END SALARY	REASON FOR LEAVING

13. I CERTIFY THAT ALL STATEMENTS IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I HEREBY AUTHORIZE CALIFORNIA JPIA TO INVESTIGATE ANY INFORMATION CONTAINED HEREIN. I UNDERSTAND THAT FALSE OR INCOMPLETE STATEMENTS SHALL BE SUFFICIENT CAUSE FOR DISQUALIFICATION OR DISMISSAL AND THAT THE SELECTED CANDIDATE WILL BE REQUIRED TO PASS A MEDICAL EXAMINATION AT CALIFORNIA JPIA EXPENSE PRIOR TO STARTING WORK. I UNDERSTAND THIS IS AN "AT-WILL" POSITION.  
SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_