

# RESUME SHEET FOR REGISTERED DEPUTY INSPECTOR

NAME: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_ DATE: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_ CELL PHONE #: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

NEW APPLICANT       RENEWAL APPLICANT      (LICENSE # \_\_\_\_\_)

TYPE OF EXAMINATION:

SC  CC  MC  WD  SO  SFRM  MET  SMK  SR  WR  PSC  DIA  GU  EFIS

**EDUCATION AND EXPERIENCE**

LAST GRADE COMPLETED:		DID YOU GRADUATE?		If Not, have you passed the GED?	
Name & location of schools	Dates attended	Degree / Provide copy	Seminars or Con-Ed Classes	Duration / Hours	Certificate / Provide copy
	From:				
	To:				
	From:				
	To:				
	From:				
	To:				
	From:				
	To:				

**EXPERIENCE:** Begin with your most recent job, then list each job separately. List all jobs and any periods of unemployment in the past 10-years. List any jobs you held more than 10-years ago which relate to the deputy certification you are applying for and indicate the amount of time performing that function. Include any military service.

DATES		EMPLOYER		DUTIES
MONTH & YEAR		NAME OF PREVIOUS EMPLOYER		YOUR TITLE:
FROM	TO			DUTIES:
		ADDRESS		
TOTAL				
YEARS	MONTHS	CITY, STATE AND ZIP CODE		
		EMPLOYERS TELEPHONE #:		
DATES		EMPLOYER		DUTIES
MONTH & YEAR		NAME OF PREVIOUS EMPLOYER		YOUR TITLE:
FROM	TO			DUTIES:
		ADDRESS		
TOTAL				
YEARS	MONTHS	CITY, STATE AND ZIP CODE		
		EMPLOYERS TELEPHONE #:		

As a covered entity under Title II of the Americans with Disabilities Act, the City of Los Angeles does not discriminate on the basis of disability and, upon request, will provide reasonable accommodation to ensure equal access to its programs, services and activities.

DATES		EMPLOYER	DUTIES
MONTH & YEAR		NAME OF PREVIOUS EMPLOYER	YOUR TITLE:
FROM	TO		DUTIES:
		ADDRESS	
TOTAL			
YEARS	MONTHS	CITY, STATE AND ZIP CODE	
		EMPLOYERS TELEPHONE #:	

DATES		EMPLOYER	DUTIES
MONTH & YEAR		NAME OF PREVIOUS EMPLOYER	YOUR TITLE:
FROM	TO		DUTIES:
		ADDRESS	
TOTAL			
YEARS	MONTHS	CITY, STATE AND ZIP CODE	
		EMPLOYERS TELEPHONE #:	

DATES		EMPLOYER	DUTIES
MONTH & YEAR		NAME OF PREVIOUS EMPLOYER	YOUR TITLE:
FROM	TO		DUTIES:
		ADDRESS	
TOTAL			
YEARS	MONTHS	CITY, STATE AND ZIP CODE	
		EMPLOYERS TELEPHONE #:	

I authorize the City of Los Angeles Materials Control section to obtain current and previous employment verifications. I certify that all statements on this application and attachments are true and complete to the best of my knowledge. I understand that false, misleading or incomplete information shall be sufficient cause for disqualification and other penalties prescribed by law.

PRINT NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

(USE ADDITIONAL PAGES AS ATTACHMENTS IF NEEDED)