

CITY OF COACHELLA
1515 Sixth Street, Coachella, CA 92236
Phone: (760) 398-3502 Fax: (760) 398-8117
Website: www.coachella.org



APPLICATION FOR EMPLOYMENT

INSTRUCTIONS:

- Please fill out all sections of the application completely, either typing or printing in black ink.
- Incorrect or false statements and omission of facts may be cause for rejection or dismissal.
- Applications must be signed and dated to be accepted for review.
- Submission of an application does not guarantee employment.
- This application and any attachments become the property of the City of Coachella.

The City of Coachella is an Equal Opportunity Employer

POSITION APPLYING FOR: _____

Name (please print): _____
(Last) (Middle) (First)

Please list all other names you have used: _____

Current Address: _____
(Number, Street, City, State, and Zip)

Home Phone: () _____ Cell Phone: () _____

Email address: _____

(The email address you provide will be used for all future correspondence in connection with this application)

1. Have you ever been employed by the City of Coachella? **Yes** **No**
If yes, when and what position? _____
2. Do you have any relatives employed by the City of Coachella? **Yes** **No**
If yes, give name, relationship and position title: _____
3. Do you have a valid California Driver's License? (if required for position) **Yes** **No**
Driver's License Number: _____ Expiration Date: _____
4. Are you legally eligible to work in the United States and can you provide evidence of your eligibility?
Yes **No** If no, explain in detail:

5. Are you able to perform the essential functions of the job for which you are applying? **Yes** **No**
If no, please describe the functions that cannot be performed.

(We comply with the Americans with Disabilities Act and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. All job offers are contingent upon the applicant passing a job-related physical examination.)

6. Are you at least 18 years of age? **Yes** **No**

(An applicant can be refused employment if he/she does not meet a minimum age requirement established by law.)

EDUCATION:

Do you have a High School diploma or G.E.D. Certificate? Yes **No**

List below all college, business, trade, or special training that you have taken that relate to the requirements of this position. If your training resulted in a degree, you need only list the major and type of degree earned.

(You may attach additional sheets if necessary. Please make sure you sign and date each one.)

Name and Address of School, College, Vocational School or Institute	Major Subject or Course of Study	Attendance Dates		List Degree, Certificate, Units, Hours or Completion of Course (if you attended under another name, please indicate)
		From	To	

SKILLS:

Please list any additional job related skills, knowledge, or licenses you possess which relate to this position.

If you served in the United States military service, please list any skills you acquired which you believe are relevant to this position.

EMPLOYMENT HISTORY:

List all jobs you have held and periods of unemployment in the past **ten (10) years**. Please list your **PRESENT or MOST RECENT** job first.

(You may attach additional sheets if necessary. Please make sure you sign and date each one.)

From (Month/Year):			To (Month/Year):		
Title of your position:					
Number of employees supervised (if any):					
Name, address and telephone number of employer:					
Name of supervisor:					
Salary: \$		Per:		Hours worked per week:	
Duties of Your Position:					
Reason for Leaving:					
Do you object to having this employer contacted? Yes <input type="checkbox"/> No <input type="checkbox"/>					
If yes, please explain:					
From (Month/Year):			To (Month/Year):		
Title of your position:					
Number of employees supervised (if any):					
Name, address and telephone number of employer:					
Name of supervisor:					
Salary: \$		Per:		Hours worked per week:	
Duties of Your Position:					
Reason for Leaving:					
Do you object to having this employer contacted? Yes <input type="checkbox"/> No <input type="checkbox"/>					
If yes, please explain:					

EMPLOYMENT HISTORY (continued):

From (Month/Year):		To (Month/Year):	
Title of your position:			
Number of employees supervised (if any):			
Name, address and telephone number of employer:			
Name of supervisor:			
Salary: \$	Per:	Hours worked per week:	
Duties of Your Position:			
Reason for Leaving:			
Do you object to having this employer contacted? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, please explain:			

REFERENCES:

Give name, home or business address, and phone number of **three (3)** people you have known for at least five years who have knowledge of your character, work experience and abilities. Do not include relatives or former employers.

Name (First and Last)	Address	Phone	Occupation	Number of years acquainted

CERTIFICATE OF APPLICANT: Please read carefully before signing.

I certify that the information I have provided in my application for employment are true and complete to the best of my knowledge. I understand that any misstatement of material fact or omission of fact on any part will subject me to disqualification from the employment process, or dismissal if hired, regardless of the time elapsed before discovery. I hereby authorize the City of Coachella to investigate my work record, education, references, and other matters related to my suitability for employment with any source noted in this application or resume. I hereby release said sources from any liability for any and all claims whatsoever for issuing this information. I am aware that any offer of employment is conditional upon my ability to meet the established requirements of the job including, but not limited to, a background check and a pre-employment physical that may include a drug screen and fingerprint check. If I am hired, I understand that I will serve in a probationary status for six (6) months and can be released from employment at any time during probation with or without cause.

Signature of Applicant: _____

Date: _____