

**COACHELLA VALLEY ASSOCIATION OF GOVERNMENTS**

**APPLICATION FOR:** \_\_\_\_\_  
EXACT TITLE OF POSITION

**INSTRUCTIONS: FILL OUT BOTH SIDES OF THIS FORM COMPLETELY, EITHER TYPING OR PRINTING IN INK. FAILURE TO COMPLETE THIS FORM THOROUGHLY (INCLUDING USING "SEE RESUME") COULD RESULT IN REJECTION DURING THE SELECTION PROCESS. THIS APPLICATION AND ANY ATTACHMENTS BECOME THE PROPERTY OF THE COACHELLA VALLEY ASSOCIATION OF GOVERNMENTS (CVAG).**

NAME: \_\_\_\_\_  
                    LAST                    FIRST                    MIDDLE

ADDRESS: \_\_\_\_\_  
  STREET ADDRESS

\_\_\_\_\_

                    CITY                    STATE                    ZIP CODE

TELEPHONE: \_\_\_\_\_ MESSAGE: \_\_\_\_\_

THIS APPLICATION IS  
BEING FILED AS A:

\_\_\_ NEW APPLICATION

\_\_\_ PROMOTION

\_\_\_ REINSTATEMENT

\_\_\_ TRANSFER

HAVE YOU EVER WORKED OR ATTENDED SCHOOL UNDER ANOTHER NAME? \_\_\_\_\_

IF YES, PLEASE GIVE NAME (S): \_\_\_\_\_

DO YOU HAVE ANY PHYSICAL CONDITION WHICH WOULD REQUIRE SPECIAL CONSIDERATION IN EITHER A TEST SETTING OR IN THE WORKPLACE? \_\_\_\_\_

ARE YOU ELIGIBLE TO WORK IN THE UNITED STATES AND CAN YOU PROVIDE EVIDENCE UPON HIRE, OF YOUR ELIGIBILITY? \_\_\_\_\_

HAVE YOU EVER BEEN DISCHARGED FROM OR FORCED TO RESIGN A POSITION BECAUSE OF MISCONDUCT OR UNSATISFACTORY SERVICE? \_\_\_\_\_ (IF "YES" PLEASE EXPLAIN ON AN ATTACHED SHEET.)

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR OTHER THAN A MINOR TRAFFIC VIOLATION? \_\_\_\_\_ (IF "YES" PLEASE PROVIDE DETAILS ON AN ATTACHED SHEET.) ( A CONVICTION WILL NOT NECESSARILY RESULT IN DISQUALIFICATION.)

ASIDE FROM ENGLISH, ARE YOU PROFICIENT IN ANY OTHER LANGUAGES? \_\_\_\_\_

IF YES, PLEASE LIST: \_\_\_\_\_

WHERE DID YOU HEAR ABOUT THIS JOB OPENING? \_\_\_\_\_

**EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER**

**EDUCATION:**

HIGHEST GRADE COMPLETED: \_\_\_\_\_

DID YOU RECEIVE A HIGH SCHOOL DIPLOMA: YES      NO      GED

NAME OF HIGH SCHOOL \_\_\_\_\_

CITY & STATE \_\_\_\_\_

LIST YOUR COLLEGE, BUSINESS, TRADE, CORRESPONDENCE OR OTHER COURSES BELOW:

NAME OF SCHOOL	CITY/ STATE	FROM / TO	SUBJECT	UNITS	CERTIFICATES

**LIST ANY REQUIRED LICENSE OR PROFESSIONAL REGISTRATION**

LICENSE	STATE	NUMBER	EXPIRATION DATE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER**

EXPERIENCE: LIST ALL POSITIONS YOU HAVE HELD WITHIN THE LAST TEN YEARS, INCLUDING MILITARY SERVICE. IF NECESSARY USE ADDITIONAL SHEETS.

JOB TITLE:	FROM:	TO:	TOTAL YEARS/MONTHS:
NAME OF ORGANIZATION:	ADDRESS:		
TYPE OF ORGANIZATION:	NAME & TITLE OF SUPERVISOR:		
NUMBER OF EMPLOYEES SUPERVISED:	MONTHLY SALARY:	HOURS PER WEEK:	
SPECIFIC DUTIES:			
REASON FOR LEAVING:			
MAY WE CONTACT THIS EMPLOYER? YES NO IF NO, WHY?			

JOB TITLE:	FROM:	TO:	TOTAL YEARS/MONTHS:
NAME OF ORGANIZATION:	ADDRESS:		
TYPE OF ORGANIZATION:	NAME & TITLE OF SUPERVISOR:		
NUMBER OF EMPLOYEES SUPERVISED:	MONTHLY SALARY:	HOURS PER WEEK:	
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NUMBER OF EMPLOYEES SUPERVISED:	MONTHLY SALARY:	HOURS PER WEEK:	
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REASON FOR LEAVING:			
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MILITARY SERVICE		
(Retired, Inactive, Reserves, etc.)		
BRANCH OF SERVICE	FROM	TO

**IMPORTANT - CERTIFICATE OF APPLICANT**

I hereby certify that all statements in this application are true and complete, and that any misstatement of material facts may subject me to disqualification.

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

**EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER**

73-710 Fred Waring Drive, Suite 200, Palm Desert, CA 92260 (760) 346-1127