

COACHELLA VALLEY ASSOCIATION OF GOVERNMENTS

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

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): _____

AFTER REVIEWING THE ESSENTIAL FUNCTIONS OF THE JOB DESCRIPTION, ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING, EITHER WITH OR WITHOUT REASONABLE ACCOMMODATIONS? YES NO IF NO, DESCRIBE THE FUNCTIONS THAT CANNOT BE PERFORMED: _____

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

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

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

IF YES, PLEASE LIST: _____

WHERE DID YOU HEAR ABOUT THIS JOB OPENING? _____

EDUCATION:

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 9 10 11 12

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 IN SEQUENTIAL ORDER BELOW:

NAME OF SCHOOL	CITY/ STATE	TOTAL # OF YEARS	SUBJECT	UNITS	CERTIFICATES

LIST ANY REQUIRED LICENSE OR PROFESSIONAL REGISTRATION

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

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

MILITARY SERVICE		
(Retired, Inactive, Reserves, etc.)		
BRANCH OF SERVICE	FROM	TO

IMPORTANT - CERTIFICATE OF APPLICANT

Please read each paragraph carefully, initial each paragraph, and sign below. Your initials signify that you have read, understood and agreed to the provisions initialed.

The Coachella Valley Association of Governments (“CVAG”) takes very seriously false or misleading information provided by applicants on a job application, resume, and other application related materials, including statements made in job interviews. Any representation made by a job applicant that contains false or misleading information, or omits significant information, will result in CVAG’s refusal to hire the applicant based upon disqualification or, if discovered after employment commences, will be grounds for immediate, for-cause termination of employment. My initials below, and signature on this application, certify that this application was completed by me, and that all information contained in my application is true and correct.

_____ (initial here)

I hereby authorize the references I have listed to provide information to CVAG relevant to my application for employment, including information regarding my current and/or previous employment. In addition, I hereby agree to release all persons, schools, and employers of any and all claims, demands or liabilities arising out of, or in any way related to such disclosure. If CVAG, in the course of conducting a background check, obtains information about me that is a matter of public record, I understand that I am entitled to a copy of the related public record(s), as required by California law.

_____ (initial here)

I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and CVAG. In addition, I understand and agree that if I am employed, my employment is for not definite or determinable period, and that no promises or representations contrary to the foregoing are binding on CVAG unless made in writing and signed by me and CVAG's designated representative.

_____ (initial here)

SIGNATURE _____ DATE _____

The Coachella Valley Association of Governments (CVAG) is an equal opportunity employer. We do not discriminate on the basis of race, sex (including pregnancy, childbirth, breastfeeding, or related medical conditions), color, national origin, ancestry, sexual orientation, religion, religious creed, age, physical or mental disability, marital status, legally protected medical condition, gender, gender expression, gender identity, genetic information, military or veteran status, or any other basis as defined by state, federal or local law. The CVAG provides reasonable accommodation to qualified individuals with disabilities in both the hiring process and during employment as required by applicable federal, state and local laws.