



CITY OF PALM DESERT EMPLOYMENT APPLICATION

73-510 Fred Waring Drive
Palm Desert, CA 92260
(760) 346-0611

The City of Palm Desert is an Equal Opportunity Employer and encourages women, minorities, and the disabled to apply for open positions. Prospective employees will receive consideration without discrimination because of race, color, religion, sex, age, national origin, or disability.

Position Applying For:

Instructions:

Please read the job flyer to determine whether you meet the qualifications for the position.

Failure to complete this form thoroughly (including using "See Resume") could result in rejection of application.

PERSONAL INFORMATION

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| Last Name: | First Name: | Middle Name or Initial: | |
| Mailing Address: | City: | State: | Zip Code: |
| Contact Phone Number: | Home Phone Number: | E-Mail Address: | |

EDUCATION/TRAINING

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|---|--------------------------|---|------------------|
| High School: | Location (City & State): | Graduate/G.E.D.: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| College or University: | Location (City & State): | Years Completed: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 | |
| Major: | Degree Title: | Graduate: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| College or University: | Location (City & State): | Years Completed: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 | |
| Major: | Degree Title: | Graduate: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Vocational Training: | Location (City & State): | Years Completed: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 | |
| Trade, Other Training: | Location (City & State): | Years Completed: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 | |
| Other valid professional licenses and certificates: | | | |
| Type of License: | Issuing State: | Registration #: | Expiration Date: |
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VETERAN'S PREFERENCE

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| <input type="checkbox"/> | <p>If you have been honorably discharged from any branch of the U.S. Military or U.S. Armed Forces within 10 years of the filing date of this application, check here to establish eligibility of Veteran's preference for open recruitments. Please attach a copy of your DD214 or other documentary evidence to this application.</p> |
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EXPERIENCE

Beginning with your present or most recent employer, list ALL positions you have held within the last ten years, including military service. Please identify and explain any lapses between positions. (If necessary, use additional sheets.)

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| Job Title: | | Employer's Name, Address and Phone Number: | | |
| Type of Business: | | | | |
| May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No | Hours per week: | | | |
| Dates Employed (From Mo./Yr. To Mo./Yr.): | Starting Salary (per hour or month): | Ending Salary (per hour or month): | | |
| Duties: | | | | |
| Reason for leaving or considering change: | | | | |

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| Job Title: | | Employer's Name, Address and Phone Number: | | |
| Type of Business: | | | | |
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| Duties: | | | |
| Reason for leaving or considering change: | | | |

REFERENCES

| | |
|---|------------------------|
| List three references that are not relatives or former employers. | |
| 1. Name: | Current Phone Number: |
| Title: | Organization/Business: |
| 2. Name: | Current Phone Number: |
| Title: | Organization/Business: |
| 3. Name: | Current Phone Number: |
| Title: | Organization/Business: |

OTHER INFORMATION

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| <p>Do you have any disability requiring reasonable accommodation in the application process or in the workplace? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", what can be done to accommodate your limitations? (Explain in detail)</p> |
| <p>Are you legally eligible to work in the United States and if hired, can you provide evidence of your eligibility? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| <p>Do you have any relatives employed by the City of Palm Desert? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give the name, department and relationship:</p> |
| <p>Have you ever applied for a position or been employed by the City of Palm Desert? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain in detail:</p> |
| <p>Have you ever been dismissed or been released from employment or have you ever resigned to avoid discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:</p> |
| <p>Within the past 10 years, have you been convicted of a felony? (a conviction will not necessarily result in disqualification) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain in detail:</p> |

PLEASE READ THIS STATEMENT CAREFULLY

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| <p>CERTIFICATE OF APPLICANT: I certify that all statements made in this application are true and complete to the best of my knowledge. I understand that any misstatement of material fact or omission of fact on my part will subject me to disqualification or dismissal if hired. I hereby authorize the City of Palm Desert to investigate my ability, employment record, or character with any source noted in this application or resume. I hereby release said sources from any liability for any damages whatsoever for issuing this information. All employees will be required to submit copies of education diplomas and military discharges when applicable. I am aware that any offer of employment is conditional upon my ability to meet the established requirements of the job. I understand that as a condition of initial or continued employment, I agree to submit to such lawful examinations, medical, drug screen or other, as may be required by the City. I understand that acceptance of an offer of employment does not create a contractual obligation upon the City of Palm Desert to continue to employ me in the future.</p> <p style="text-align: center;">Applicant Signature: _____ Date: _____</p> |
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EQUAL EMPLOYMENT OPPORTUNITY

Completion of this page is optional.

In order to comply with federal guidelines, you are requested to voluntarily provide the following information to be used for research and evaluation purposes. This information will be separated from your application upon receipt by the Human Resources Department.

Job Title Applied for: _____

Sex: Male Female

Age 40 or Over? Yes No

Race: (choose only one)

White/Caucasian

Black/African American

Hispanic/Latino

Asian/Pacific Islander

American Indian/Alaska Native

Other: _____

How did you learn of this employment opportunity?

The Desert Sun

City Employee

A Friend

Other Publication

City of Palm Desert Internet Website

Other Internet Website: _____

Other: _____