



CITY OF ORANGE COVE

633 1/2 6th ST ORANGE COVE, CA 93646
 Phone (559) 626-4488 / Fax# (559) 626-4653

An Equal Opportunity/
 Affirmative Action Employer

EMPLOYMENT APPLICATION

INSTRUCTIONS: Read job announcement thoroughly and apply only if you feel reasonably certain that you meet all the minimum qualifications. Print in ink or use a typewriter. Completely fill out both sides of the application and sign it. If an answer does not apply to you, write N/A. Attach additional sheet(s) if necessary. If you need a special accommodation during the testing process pursuant to the Americans with Disabilities Act, please call the City of Orange Cove at (559) 626-4488.

EXACT TITLE OF POSITION	
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NAME: _____
Last Name First Name Middle

MAILING ADDRESS: _____
Street Apt. # City State Zip

TELEPHONE: () _____ () _____
Home Business

DRIVER LICENSE NUMBER: _____ STATE: _____ EXPIRATION DATE: _____ CLASS: _____	Have you ever had a driver license revoked or suspended? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, when? _____
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EDUCATION

CIRCLE HIGHEST GRADE COMPLETED HIGH SCHOOL 9 10 11 12 COLLEGE 13 14 15 16 GRAD 17 18 19 GED

NAME OF COLLEGE, BUSINESS, OR OTHER SCHOOLS ATTENDED	MAJOR SUBJECT OR COURSE OF STUDY	SEM/QTR UNITS	DEGREE

SPECIAL REQUIREMENTS
List license, certificate, or registration you possess that is required for this position

SKILLS
List special skills that relate to this position

ADDITIONAL INFORMATION

1. Are you related by blood or marriage to any present employee of the City of Orange Cove? If yes, state name, relationship and city department.	
2. Do you live in the immediate household of any present employee of the City of Orange Cove? If yes, state name and city department.	
3. Have you ever been employed by the City of Orange Cove? If yes, state position, department, and dates.	
4. Can you, after employment, submit verification of your right to work in the United States?	<input type="checkbox"/> YES <input type="checkbox"/> NO

EMPLOYMENT HISTORY

List most recent experience first. Carefully account for all employment, paid or unpaid, over the last 10 years. List each job title even if employed by the same employer. Use additional sheets if necessary using the same format as below. A resume may be attached, but will **not** be substituted for the information required in this section. Your application will be rejected if you write "See Resume."

EMPLOYER: _____ ADDRESS: _____ PHONE NO: _____ EMPLOYED FROM: _____ TO: _____ TOTAL EMPLOYED: _____ YEAR/MONTH STARTING SALARY: _____ /MONTH ENDING SALARY: _____ /MONTH HOURS/WEEK: _____	POSITION TITLE: _____ DESCRIPTION OF DUTIES: _____ _____ _____ _____ _____ SUPERVISOR NAME AND TITLE: _____ REASON FOR LEAVING: _____
EMPLOYER: _____ ADDRESS: _____ PHONE NO: _____ EMPLOYED FROM: _____ TO: _____ TOTAL EMPLOYED: _____ YEAR/MONTH STARTING SALARY: _____ /MONTH ENDING SALARY: _____ /MONTH HOURS/WEEK: _____	POSITION TITLE: _____ DESCRIPTION OF DUTIES: _____ _____ _____ _____ _____ SUPERVISOR NAME AND TITLE: _____ REASON FOR LEAVING: _____
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EMPLOYER: _____ ADDRESS: _____ PHONE NO: _____ EMPLOYED FROM: _____ TO: _____ TOTAL EMPLOYED: _____ YEAR/MONTH STARTING SALARY: _____ /MONTH ENDING SALARY: _____ /MONTH HOURS/WEEK: _____	POSITION TITLE: _____ DESCRIPTION OF DUTIES: _____ _____ _____ _____ _____ SUPERVISOR NAME AND TITLE: _____ REASON FOR LEAVING: _____

Were you ever discharged or forced to resign from any position? YES NO

If yes, explain _____

May we contact the above-mentioned employers regarding your employment? YES NO

If no, which employer(s)? _____

CERTIFICATION

I hereby certify that all answers and statements in this document are true and complete to the best of my knowledge and belief. I authorize investigation of all statements contained on this application. I understand that untruthful or misleading answers are cause for rejection of my application, removal of my name from an eligibility list, or disciplinary action including termination.

_____ Signature of applicant	_____ Date
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