



APPLICATION FOR CITY EMPLOYMENT

City of Indian Wells
 44-950 Eldorado Drive
 Indian Wells, CA 92210
 P: 760-346-2489 F: 760-346-0407

GENERAL INFORMATION			
Last Name		First	
Street Address			Apartment/Unit #
City		State	ZIP
Phone		E-mail Address	
Date Available			Desired Salary
Position Applied for			
Are you a citizen of the United States? YES <input type="checkbox"/> NO <input type="checkbox"/> If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Have you ever worked for this City? YES <input type="checkbox"/> NO <input type="checkbox"/> If so, when? .			

EDUCATION			
High School		Address	
Number of Years Attended	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address	
Number of Years Attended	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address	
Years Attended	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Additional education information may be attached additionally			

REFERENCES	
<i>Please list three professional references.</i>	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

PREVIOUS EMPLOYMENT			
Company		Phone	
Address		Supervisor	
Job Title			
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title			
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title			
Responsibilities			
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May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title			
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
MILITARY SERVICE			
Branch		Years of Service	
Rank at Discharge		Type of Discharge	
If other than honorable, explain			
DISCLAIMER AND SIGNATURE			
I certify my answers are true and complete to the best of my knowledge. I acknowledge that mistated information may be cause for my removal from the recruitment process. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.			
Signature			Date