



# EMPLOYMENT APPLICATION

## Please Print

Date	Last Name	First Name	Initial
Present Address			
Number & Street		City / State	Zip Code
( ) Home Phone	( ) Cell / Other Phone #	E-mail address	

## EMPLOYMENT DESIRED

Position applying for: \_\_\_\_\_ Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Temporary \_\_\_\_\_

Other than time off for reasons related to your religion, a disability or medical condition, are there days or times that you are unavailable to work?

Are you available for overtime?  Yes  No If hired, what date can you start work? \_\_\_\_\_

## PERSONAL INFORMATION

Have you ever applied to or worked for Coachella Valley Housing Coalition before?  Yes  No If so, when?

Do you have any friends or relatives working for Coachella Valley Housing Coalition?  Yes  No

If yes, state name (s): \_\_\_\_\_

Name(s)

(Note: We may refuse to hire relatives of present employees if doing so could result in actual potential problems in supervision, security, safety, or morale, or if doing so could create conflicts of interest.)

If hired, would you have a reliable means of transportation to and from work?  Yes  No

Are you at least 18 years old? (If under 18, hire is subject to verification that you are of minimum legal age.)

Yes  No

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation?

Yes  No

If no, describe the function(s) that cannot be performed:

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(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, skill and/or agility tests.)

## EDUCATION, TRAINING AND EXPERIENCE

School	Name / Address	Number of Years Completed	Did you Graduate?	Degree or Diploma
High School	_____ Name _____ Address _____ City State Zip Code	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
College / University	_____ Name _____ Address _____ City State Zip Code	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Vocational/ Business	_____ Name _____ Address _____ City State Zip Code	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Health Care Training	_____ Name _____ Address _____ City State Zip Code	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

Summarize any special training, skills, licenses and/or certificates that may assist you in performing the position for which you are applying

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### COMPUTER SKILLS (Please list your experience with software programs and level of proficiency.)

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**REFERENCES** – List below three persons, not related to you, who have knowledge of your work performance within the last five years.

	NAME	OCCUPATION	TELEPHONE	NUMBER OF YEARS ACQUAINTED
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

### EMPLOYMENT HISTORY

List below all present and past employment starting with your most recent employer. Account for all periods of unemployment. **You must complete this section** even if attaching a resume.

\_\_\_\_\_  
**Name of Employer**

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Type of Business

\_\_\_\_\_  
Your Supervisor's Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_  
Your Position and Duties

\_\_\_\_\_  
Reason for Leaving

\_\_\_\_\_  
What did you like most about your position?

\_\_\_\_\_  
What were the things you liked least about the position?

Current Employer?  Yes  No

May we contact this employer for a reference?  Yes  No

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\_\_\_\_\_  
**Name of Employer**

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Type of Business

\_\_\_\_\_  
Your Supervisor's Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_  
Your Position and Duties

\_\_\_\_\_  
Reason for Leaving

\_\_\_\_\_  
What did you like most about your position?

\_\_\_\_\_  
What were the things you liked least about the position?

May we contact this employer for a reference?  Yes  No

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\_\_\_\_\_  
**Name of Employer**

\_\_\_\_\_  
Telephone Number

Type of Business

Your Supervisor's Name

Address

City

State

Zip Code

Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_

Your Position and Duties

Reason for Leaving

What did you like most about your position?

What were the things you liked least about the position?

May we contact this employer for a reference?  Yes  No

**Name of Employer**

Telephone Number

Type of Business

Your Supervisor's Name

Address

City

State

Zip Code

Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_

Your Position and Duties

Reason for Leaving

What did you like most about your position?

What were the things you liked least about the position?

May we contact this employer for a reference?  Yes  No

**Name of Employer**

Telephone Number

Type of Business

Your Supervisor's Name

Address

City

State

Zip Code

Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_

Your Position and Duties

Reason for Leaving

What did you like most about your position?

What were the things you liked least about the position?

May we contact this employer for a reference?  Yes  No

If not addressed on previous pages, have you ever been fired or asked to resign from a job? Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, please explain:

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Explain any gaps in your employment other than those due to criminal history, personal illness, injury, or disability.

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**Please Read Carefully, Initial Each Paragraph and Sign /Date Below**

\_\_\_\_\_ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

\_\_\_\_\_ I hereby authorize Coachella Valley Housing Coalition, (the Company) to thoroughly investigate my references, work record, education, and other matters related to my suitability for employment (excluding criminal background information) unless otherwise specified above. I further, authorize the references I have listed to disclose to the Company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Company, my former employers and all other persons, corporations, partnerships, and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

\_\_\_\_\_ I understand that the Company may require applicants for employment to submit to a urinalysis for drug and alcohol screening as part of the selection process, and that any offer of employment with the Company is contingent upon the results of these screenings being satisfactory. I understand that if I am employed with the Company it may require that I submit to a drug and/or alcohol screen if there is reasonable suspicion that I am under the influence of drugs or alcohol; and I hereby authorize the release of these drug screen results to Coachella Valley Housing Coalition.

\_\_\_\_\_ 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 the Company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the Company, and that no promises or representations contrary to the foregoing are binding on the Company unless made in writing and signed by me and the Company's designated representative.

\_\_\_\_\_ In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Applicant's Signature*

**We Are an Equal Employment Opportunity Employer**