

**INSTRUCTIONS:**

- a. Answer all questions.
- b. Print; use black ink or type.
- c. A separate Application Form for each position is required.
- d. Return to: City of Rancho Mirage  
69-825 Highway 111  
Rancho Mirage, CA 92270  
Tel: (760) 324-4511



**APPLICATION  
FOR  
EMPLOYMENT**  
[Page 1 of 2]

Position applied for: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Mailing Address \_\_\_\_\_  
 Last First Middle Initial Number Street City State Zip

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_ Message Telephone: \_\_\_\_\_

**XXXXXXXXX GENERAL INFORMATION XXXXXXXXX**

THE EXISTENCE OF A CRIMINAL RECORD DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT. Omit conviction more than two years old for violations of Cal. Health and Safety Code Sections 11357(b) or (c), 11360(b), 11364, 11365 or 11550 as they related to marijuana before January 1, 1976, and their statutory predecessors.

Have you been convicted of a crime in the past? Yes  No  If yes, describe in full (Attach additional sheets if necessary): \_\_\_\_\_

There are restrictions on the employment of persons who are not citizens of the United States. Please mark the one space that applies to you:

- Citizen of the United States
- Foreign Student certified for employment by U.S. Immigration Service
- None of the other categories
- Lawful Permanent Resident of the United States who is not a citizen
- Other \_\_\_\_\_

Are you related to any City employee? Yes  No  If yes, indicate name and relationship \_\_\_\_\_

**XXXXXXXXX EDUCATION XXXXXXXXX**

Are you a high school graduate? Yes  No  Circle highest school grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 Do you have a GED certificate? Yes  No

LIST YOUR COLLEGE, BUSINESS, TRADE, CORRESPONDENCE OR OTHER COURSES BELOW:

Name of School	City	State	Major Subject Course Study	Credit Unit Hrs.	List Degree or Certificate Received

LIST ANY REQUIRED LICENSE OR PROFESSIONAL REGISTRATION:

Date	License/Registration	State	Number	Expiration

If there are any other qualifications, skills, certifications, diplomas, etc., which you feel would especially fit you for work with the City, please attach additional sheets or resume as needed. If you wish to add additional information about yourself, hobbies, interests, etc., please feel free to do so.

**XXXXXXXXX EXPERIENCE XXXXXXXXX**

IMPORTANT ► Starting with most recent position, account for all employment (including U.S. Military Service) and unemployment for as far back as necessary to be given an adequate picture of your qualifications. By being complete and specific, you can increase your chances for employment. Use additional sheets if necessary.

<b>1.</b>	FROM ► Month: _____ Year: _____ FULL TIME <input type="radio"/> HOURS _____ LAST \$ _____	EMPLOYER NAME: ADDRESS: TELEPHONE:
	TO ► Month: _____ Year: _____ PART-TIME <input type="radio"/> PER WEEK: _____ SALARY: Per _____	
	POSITION TITLE:	
	DUTIES:	
REASON FOR LEAVING:		

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<b>2.</b>	FROM ► Month: _____ Year: _____	FULL TIME <input type="radio"/>	HOURS _____	LAST \$ _____	EMPLOYER NAME:	
	TO ► Month: _____ Year: _____	PART-TIME <input type="radio"/>	PER WEEK: _____	SALARY: Per _____		
	POSITION TITLE: _____					ADDRESS: _____
	DUTIES: _____					TELEPHONE: _____
REASON FOR LEAVING: _____						

<b>3.</b>	FROM ► Month: _____ Year: _____	FULL TIME <input type="radio"/>	HOURS _____	LAST \$ _____	EMPLOYER NAME:	
	TO ► Month: _____ Year: _____	PART-TIME <input type="radio"/>	PER WEEK: _____	SALARY: Per _____		
	POSITION TITLE: _____					ADDRESS: _____
	DUTIES: _____					TELEPHONE: _____
REASON FOR LEAVING: _____						

<b>4.</b>	FROM ► Month: _____ Year: _____	FULL TIME <input type="radio"/>	HOURS _____	LAST \$ _____	EMPLOYER NAME:	
	TO ► Month: _____ Year: _____	PART-TIME <input type="radio"/>	PER WEEK: _____	SALARY: Per _____		
	POSITION TITLE: _____					ADDRESS: _____
	DUTIES: _____					TELEPHONE: _____
REASON FOR LEAVING: _____						

<b>5.</b>	FROM ► Month: _____ Year: _____	FULL TIME <input type="radio"/>	HOURS _____	LAST \$ _____	EMPLOYER NAME:	
	TO ► Month: _____ Year: _____	PART-TIME <input type="radio"/>	PER WEEK: _____	SALARY: Per _____		
	POSITION TITLE: _____					ADDRESS: _____
	DUTIES: _____					TELEPHONE: _____
REASON FOR LEAVING: _____						

MAY WE CONTACT THE EMPLOYERS LISTED ABOVE? Yes  No  If no, indicate by number which one(s) you do not want us to contact: \_\_\_\_\_

CHECK EACH TYPE OF WORK YOU WILL ACCEPT: Permanent  Temporary  Evening  Night  Weekend

**\*\*\*\*\* PLEASE READ THIS STATEMENT CAREFULLY \*\*\*\*\***

*“I authorize the City of Rancho Mirage to make confidential inquiries into my suitability for the position for which I am being considered and I hereby give my consent to present and past employers to release information regarding my employment, including but not limited to, such information as is necessary to verify my work history.”*

S \_\_\_\_\_  
Signature

\_\_\_\_\_  
Date