

**INSTRUCTIONS:**

- a. Answer all questions.
- b. Print; use black ink or type.
- c. A separate application 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  
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*The City of Rancho Mirage is an Equal Opportunity Employer. All employment decisions are made on the basis of qualifications without regard to race, color, national origin, ancestry, age, sex, sexual orientations, gender, gender identity, gender expression, family or marital status, disability, mental condition or pregnancy, genetic information, religious or political affiliation, or veteran status.*

Position applying for: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle Initial

Mailing Address: \_\_\_\_\_  
Number Street City State Zip

Home Phone: \_\_\_\_\_ Contact Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**\*\*\*\*\*GENERAL INFORMATION\*\*\*\*\***

If hired, can you present evidence of your U.S. Citizenship or proof of your legal right to live and work in this country?  
 Yes  No

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

**\*\*\*\*\*EDUCATION\*\*\*\*\***

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

| LIST YOUR COLLEGE, BUSINESS, TRADE, CORRESPONDENCE OR OTHER COURSES BELOW: |      |       | Major Subject Course Study | Credit Unit Hrs. | Type of Degree, License or Certificate Received |
|----------------------------------------------------------------------------|------|-------|----------------------------|------------------|-------------------------------------------------|
| Name of School                                                             | City | State |                            |                  |                                                 |
|                                                                            |      |       |                            |                  |                                                 |
|                                                                            |      |       |                            |                  |                                                 |
|                                                                            |      |       |                            |                  |                                                 |
|                                                                            |      |       |                            |                  |                                                 |

| 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.

**\*\*\*\*\*EXPERIENCE\*\*\*\*\***

IMPORTANT > Starting with most recent position, account for all employment (including U.S. Military Service) and gaps in employment for as far back as necessary to be given an adequate picture of your qualifications. Use additional sheets if necessary. See resume will not substitute incomplete answers within this section

|                     |                             |                                    |                       |                      |                    |
|---------------------|-----------------------------|------------------------------------|-----------------------|----------------------|--------------------|
| 1.                  | FROM Month: ___ Year: ___   | FULL TIME <input type="checkbox"/> | HOURS PER WEEK: _____ | LAST SALARY \$ _____ | EMPLOYER NAME:     |
|                     | TO Month: ___ Year: ___     | PART TIME <input type="checkbox"/> |                       | PER: _____           | SUPERVISOR'S NAME: |
|                     | POSITION TITLE:             |                                    |                       |                      | ADDRESS:           |
|                     | DESCRIBE YOUR MAJOR DUTIES: |                                    |                       |                      | TELEPHONE:         |
| REASON FOR LEAVING: |                             |                                    |                       |                      |                    |

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

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

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

|           |                           |                                    |                       |                      |                    |
|-----------|---------------------------|------------------------------------|-----------------------|----------------------|--------------------|
| <b>5.</b> | FROM Month: ___ Year: ___ | FULL TIME <input type="checkbox"/> | HOURS PER WEEK: _____ | LAST SALARY \$ _____ | EMPLOYER NAME:     |
|           | TO Month: ___ Year: ___   | PART TIME <input type="checkbox"/> |                       | PER: _____           | SUPERVISOR'S NAME: |
|           | 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." I certify that all statements contained herein are true and correct to the best of my knowledge. I understand that any false or misleading statements are grounds for the City to reject my employment application, remove my name from an eligibility list, or dismiss me from employment.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date