



EMPLOYMENT APPLICATION

Please Print

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

EMPLOYMENT

Position applying for: _____ FT _____ PT _____ Temp _____

Are you available for work on: Weekends Evenings Holidays Overtime

If hired, what date can you start work? _____ Are you at least 18 years old? Yes No

PERSONAL INFORMATION

Have you ever applied to or worked for CVHC before? Yes No If so, when? _____

Do you have any friends or relatives working for CVHC? Yes No

If yes, state name (s) and relationship: _____

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

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 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:

Criminal History: (A conviction may be relevant if job related, but does not necessarily bar you from employment). Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? *Misdemeanor convictions for marijuana-related offenses that are more than two years old and convictions that have been judicially dismissed or ordered sealed pursuant to law need not be listed.* Yes No

If yes, state nature of the crime(s), when and where convicted, and disposition of the case.

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

EDUCATION, TRAINING AND EXPERIENCE

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

Other/Vocational/Business _____ Yes No _____
Name _____
City State Zip Code

Answer the following questions if you are applying for a professional position:

Are you licensed / certified for the job applied for? Yes No

Name of license/certification: _____ Issuing State: _____

License/certification number: _____

Has your license/certification ever been revoked or suspended? Yes No

If yes, state reason(s), date of revocation or suspension, and date of reinstatement

Do you have any other experience, training, qualifications, or skills that you feel make you especially suitable for work at Coachella Valley Housing Coalition. If so, please explain.

COMPUTER SKILLS (Check appropriate boxes. Include software titles and years of experience.)

- | | |
|--|---|
| <input type="checkbox"/> Word Processing _____ Years _____ | <input type="checkbox"/> Internet _____ Years _____ |
| <input type="checkbox"/> Spreadsheet _____ Years _____ | <input type="checkbox"/> PowerPoint _____ Years _____ |
| <input type="checkbox"/> E-mail _____ Years _____ | <input type="checkbox"/> Other _____ Years _____ |
| <input type="checkbox"/> Other Software _____ Years _____ | <input type="checkbox"/> Other _____ Years _____ |

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

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	Supervisor's Name	Telephone #
Dates of Employment: _____ to _____	Hourly Pay: _____	Starting _____ Ending _____
Your Position and Duties		
Reason for Leaving		

Name of Employer	Supervisor's Name	Telephone #
Dates of Employment: _____ to _____	Hourly Pay: _____	Starting _____ Ending _____
Your Position and Duties		
Reason for Leaving		

Name of Employer

Supervisor's Name

Telephone #

Dates of Employment: _____ to _____

Hourly Pay: _____
Starting

Ending

Your Position and Duties

Reason for Leaving

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

If yes, please explain: _____

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

ACKNOWLEDGEMENT

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 to investigate my references, work record, education, and other matters related to my suitability for employment and, 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 take a urinalysis for drug and alcohol screening as part of the selection process, and that any offer of employment with Coachella Valley Housing Coalition is contingent upon the results of these tests 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 I am involved in an on-the-job accident or if the Company has reasonable suspicion that I am under the influence of drugs or alcohol; and I hereby authorize the release of these drug screen results to the Company.

_____ 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 Coachella Valley Housing Coalition. 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.

_____ Should a search of public records (including records documenting an arrest, indictment, conviction, civil judicial action, tax lien or outstanding judgment) be conducted by internal personnel employed by Coachella Valley Housing Coalition, I am entitled to copies of any such public records obtained by the Company unless I mark the check box below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below.

I waive receipt of a copy of any public record described in the paragraph above.

Date

Applicant's Signature

We Are An Equal Opportunity Employer