

Coachella Valley Housing Coalition

45-701 Monroe Street, Suite G., Indio, CA 92201

TEL: (760) 347-3157 FAX: (760) 342-6466 email: cvhc@cvhc.org



CVHC is an Equal Opportunity Employer and encourages women, minorities and the disabled to apply for open positions. Prospective employees will receive consideration without discrimination because of race, color, religion, sex, age, national origin or disability.

Indicate Position Applying For: _____

IMPORTANT: Fill out all sides of this form completely.

NAME _____ HOME TELEPHONE # () _____
LAST FIRST MIDDLE

EMAIL ADDRESS _____ BUSINESS # () _____

ADDRESS _____ CELL PHONE # _____
STREET

_____ SOCIAL SECURITY _____
CITY STATE ZIP

Have you ever worked or attended school under another name? If yes, please give name: _____

Are you legally eligible to work in the United States and can you provide evidence of your eligibility?
 YES NO (If no, explain in detail)

Are you available for any ___temporary or ___part-time positions that may become available? (Please check)

Are you available to work over-time if necessary? YES NO

EDUCATION:

	HIGH	COLLEGE/UNIVERSITY	OTHER
SCHOOL NAME, CITY AND STATE	_____	_____	_____
YEARS COMPLETED (CIRCLE ONE)	9 10 11 12	1 2 3 4	1 2 3 4
DIPLOMA/DEGREE DESCRIBE COURSE OF STUDY, SPECIALIZED	_____		
TRAINING OR SKILLS,	_____		
EXTRA-CURRICULAR	_____		
ACTIVITIES AND HONORS	_____		

(Answer questions about special skills only if applicable to the position you are applying for)

OTHER SPECIAL TRAINING, KNOWLEDGE, HOBBIES, PROFESSIONAL AFFILIATIONS (include clerical abilities)

OFFICE MACHINES: TYPING _____ WPM COMPUTERS _____
IF YES, WHAT PROGRAMS?

RATE YOUR SKILL BEGINNER INTERMEDIATE EXPERT

DO YOU SPEAK SPANISH? _____ CAN YOU WRITE IN SPANISH? _____ FLUENTLY?

WHAT CONSTRUCTION EQUIPMENT HAVE YOUR USED?

RATE YOUR SKILL BEGINNER INTERMEDIATE EXPERT

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LICENSES AND PROFESSIONAL REGISTRATION:

DRIVER'S LICENSE: _____
STATE NUMBER EXPIRATION DATE

TYPE OF LICENSE STATE NUMBER EXPIRATION DATE

EXPERIENCE: List **ALL** positions you have held **within the last ten years**, including military service. Start with your most recent position. Please identify and explain all time lapses between positions. (If necessary, use additional sheets or the empty spaces provided on the last page of this application.)

1. JOB TITLE: _____ FROM: _____ TO: _____ TOTAL YRS: _____ MOS: _____

EMPLOYER: _____ ADDRESS: _____

KIND OF BUSINESS: _____ SUPERVISOR NAME: _____ PHONE: (____) _____

EMPLOYEES SUPERVISED: _____ HOURS PER WEEK: _____

DESCRIBE YOUR WORK: _____

WHAT DO/DID YOU LIKE MOST ABOUT YOUR JOB? _____

WHAT DO/DID YOU LEAST ENJOY? _____

REASON FOR LEAVING: _____

MAY WE CONTACT THIS EMPLOYER? [] YES [] NO If NO, why? _____

2. JOB TITLE: _____ FROM: _____ TO: _____ TOTAL YRS: _____ MOS: _____

EMPLOYER: _____ ADDRESS: _____

KIND OF BUSINESS: _____ SUPERVISOR NAME: _____ PHONE: (____) _____

EMPLOYEES SUPERVISED: _____ MO. HOURS PER WEEK: _____

DESCRIBE YOUR WORK: _____

WHAT DO/DID YOU LIKE MOST ABOUT YOUR JOB? _____

WHAT DO/DID YOU LEAST ENJOY? _____

REASON FOR LEAVING: _____

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MAY WE CONTACT THIS EMPLOYER? [] YES [] NO If NO, why? _____

3. JOB TITLE: _____ FROM: _____ TO: _____ TOTAL YRS: _____ MOS: _____

EMPLOYER: _____ ADDRESS: _____

KIND OF BUSINESS: _____ SUPERVISOR NAME: _____ PHONE: (____) _____

EMPLOYEES SUPERVISED: _____ HOURS PER WEEK: _____

DESCRIBE YOUR WORK: _____

WHAT DO/DID YOU LIKE MOST ABOUT YOUR JOB? _____

WHAT DO/DID YOU LEAST ENJOY? _____

REASON FOR LEAVING: _____

MAY WE CONTACT THIS EMPLOYER? [] YES [] NO If NO, why? _____

4. JOB TITLE: _____ FROM: _____ TO: _____ TOTAL YRS: _____ MOS: _____

EMPLOYER: _____ ADDRESS: _____

KIND OF BUSINESS: _____ SUPERVISOR NAME: _____ PHONE: (____) _____

EMPLOYEES SUPERVISED: _____ HOURS PER WEEK: _____

DESCRIBE YOUR WORK: _____

WHAT DO/DID YOU LIKE MOST ABOUT YOUR JOB? _____

WHAT DO/DID YOU LEAST ENJOY? _____

REASON FOR LEAVING: _____

MAY WE CONTACT THIS EMPLOYER? [] YES [] NO If NO, why? _____

Have you ever been employed by CVHC? [] Yes [] No

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PERSON TO NOTIFY IN CASE OF EMERGENCY:

NAME _____ ADDRESS _____ PHONE _____

REFERENCES: List three who are not relatives.

NAME _____ ADDRESS _____ PHONE _____

NAME _____ ADDRESS _____ PHONE _____

NAME _____ ADDRESS _____ PHONE _____

CERTIFICATE OF APPLICANT: I certify that all statements made in this application are true and complete to the best of my knowledge. I understand that any misstatement of material fact or omission of fact on my part will subject me to disqualification or dismissal when hired. I hereby authorize the Coachella Valley Housing Coalition to investigate my ability, employment record, or character with any source noted in this application or resume. I hereby release said sources from any liability for any damages whatsoever for issuing this information. All employees will be required to submit substantiating documents, driver's license, proof in auto insurance when applicable. I am aware that any offer of employment is conditional upon my ability to meet the established requirements of the job. I understand that acceptance of an offer of employment does not create a contractual obligation upon Coachella Valley Housing Coalition to continue to employ me in the future.

Signature: _____ Date: _____

CVHC is a non-profit corporation that helps farm workers and other low-income families get better housing. This can be very rewarding but also demanding work. Evening meetings are sometimes required in the office or in the communities where we work. Does working with lower income people to improve their housing and communities appeal to you, and how can you help CVHC achieve its goals?

NOTE: All job offers are contingent upon the successful completion of a background process which includes, but is not limited to, a police records check, an employment history check, a DMV records check, education verification, a drug screen for safety-sensitive positions.

EMPLOYEE/APPLICANT INFORMATION RELEASE

AUTHORIZATION. I authorize Coachella Valley Housing Coalition ("CVHC") to obtain information about me from my previous employers, schools, and from federal and state or other agencies, including obtaining motor vehicle records. I authorize my previous employer, schools that I have attended and all federal and state and other agencies, to disclose to CVHC such information about me as CVHC may request.

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I acknowledge by my signature below that CVHC, my former employers, schools that I have attended, and federal and state, or other agencies are released from any and all claims, demands, or liabilities arising out of or in any way related to the disclosure of information to CVHC. I have read and reviewed the foregoing release and I understand its contents.

CAUTION: THIS IS A RELEASE. READ BEFORE SIGNING

Executed at Indio, California on _____ 20 _____

Name Printed

Applicant/Employee Signature

Social Security Number

A Driver's License Number