THE CITY OF LA QUINTA

78-495 CALLE TAMPICO, LA QUINTA, CA 92253
(P.O. BOX 1504, LA QUINTA, CA 92247)
(760) 777-7000 **Fax:** (760) 777-7101

APPLICATION FOR: _____

The City of La Quinta is an Equal Opportunity Employer and encourages all qualified individuals to apply for open positions. Prospective employees will receive consideration without discrimination because of marital status, race, color, religion, sex, sexual preference, age, national origin or mental or physical disability.

IMPORTANT: Fill out all sections of this form completely either typing or printing in black ink. Answer all questions completely and accurately. Incorrect or false statements and omission of facts may be cause for rejection or dismissal.

Name_____ Phone ( )_____
Last First Middle

Email: _____ Business Phone ( ) _____
(The email address provided above will be used for all future correspondence in connection with this application.)

Mailing Address _____ Other ( )_____
Street City State Zip

Please list any other names that you have ever used: _____

Are you legally eligible to work in the United States and can you provide evidence of your eligibility? If not, explain in detail. _____
_____

The City seeks to comply with the Americans with Disabilities Act. Do you have any disability requiring reasonable accommodation in the application process or in the workplace? (If yes, please explain.) _____
_____

Have you been convicted of any crimes except minor marijuana convictions over two years old that are exempted under Labor Code 432.8? **Yes** **No**
If yes, please explain fully. List all convictions after your 18th birthday. Attach a separate sheet if necessary. _____
_____
(A yes answer to the above question is not an automatic bar to employment. Each case is considered individually.)

Have you ever worked for the City of La Quinta? **Yes** **No** If yes, when and in what position?
_____

Do you have any relatives employed by the City of La Quinta? **Yes** **No**
If yes, give name, relationship and position title _____

Have you ever been fired or forced to resign a position? **Yes** **No**

If yes, please explain _____

Do you possess a valid Driver's License? **Yes** **No**

Number_____ State_____ Expiration Date_____ Class_____

Professional License or Certificate or other credential, if required for this position:

Description	Number	Issued by:	Expiration Date	Verified by

Do you have a High School diploma or a G.E.D. certificate? **Yes** **No**

List below all post High School course work, special training or seminars that you have taken that relate to the requirements of this position. If your training resulted in a degree, you need only list the major and type of degree earned. Attach additional sheets if necessary, then sign and date.

Name and Address of School, College, Vocational School or Institute	Title of Course or Major	Attendance Dates		Certificates, Degrees, Units, Hours (If you attended under another name, please indicate)
		To	From	

Do you object to having your present employer contacted?

Yes **No** If yes, please explain.

_____

Do you object to having previous employers contacted?

Yes **No** If yes, please explain.

_____

List all the jobs you have held and periods of unemployment in the past ten (10) years. **PUT YOUR PRESENT** OR **MOST RECENT** job first. If additional space is required, please attach sheets as necessary. Be sure to sign and date attached sheets.

From _____ To _____ Title of your position _____

Name, Address and Telephone Number of Employer **Duties of your position**

_____ _____

_____ _____

_____ _____

Name (and Title) of Supervisor:_____ Number of employees supervised (if any):_____

Salary $_____ Per _____ Hours per week _____ Reason for leaving_____

From _____ To _____ Title of your position _____

Name, Address and Telephone Number of Employer **Duties of your position**

_____ _____

_____ _____

_____ _____

Name (and Title) of Supervisor:_____ Number of employees supervised (if any):_____

Salary $_____ Per _____ Hours per week _____ Reason for leaving_____

From _____ To _____ Title of your position _____

Name, Address and Telephone Number of Employer **Duties of your position**

_____ _____

_____ _____

_____ _____

Name (and Title) of Supervisor:_____ Number of employees supervised (if any):_____

Salary $_____ Per _____ Hours per week _____ Reason for leaving_____

Additional Qualifications_____

_____

_____

_____

REFERENCES: Give name and home or business address of three people not related to you who have knowledge of your character, work experience and abilities.

Name	Address	Telephone No.	Business/Occupation

CERTIFICATE OF APPLICANT (READ CAREFULLY BEFORE SIGNING): 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 any part will subject me to disqualification from the employment process or dismissal after being hired. I hereby authorize the City of La Quinta 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 copies of birth certificate, educational transcripts and military discharges when applicable. I am aware that any offer of employment is conditional upon my ability to meet the established requirements of the job including, but not limited to, a background check and a pre-employment physical that may include a drug-screen and fingerprint check. I understand that, if selected to participate in an interview and/or testing process, I will be required to sign this application. If I am hired, I will serve in a probationary status for 12 months and can be released from employment at any time during probation with or without cause.

Signature_____ Date_____

DISCLAIMER: The City of La Quinta reserves the right, in its sole discretion, to accelerate or extend the Closing Date for any position, dependent upon the number of applications received.

FOR PERSONNEL OFFICE ONLY

Reviewed by_____ Date_____

Comments_____

THE CITY OF LA QUINTA
EQUAL OPPORTUNITY QUESTIONNAIRE

In order to comply with Federal Equal Employment Opportunity/Affirmative Action regulations and guidelines, employers must have data available on applicant flow patterns. For this reason, we would appreciate your voluntary cooperation in providing the following information. This information is confidential and will be used for *statistical purposes only*. This information will be detached from your application and will not be used to discriminate against or give preference to any individual in any personnel transaction. This information may be provided to government officials investigating our compliance status.

NAME	DATE

POSITION APPLIED FOR:

Check the categories that apply to you:

___ Male ___ Female ___ Are you age 40 or over?

ETHNIC CATEGORY (CHECK ONE)

___ **Hispanic or Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

___ **White (Not Hispanic or Latino)** - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

___ **Black or African American (Not Hispanic or Latino)** - A person having origins in any of the black racial groups of Africa.

___ **Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

___ **Asian (Not Hispanic or Latino)** - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

___ **American Indian or Alaska Native (Not Hispanic or Latino)** - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

___ **Two or More Races (Not Hispanic or Latino) -** All persons who identify with more than one of the above five races.

DISABILITY

A physical or mental impairment that substantially limits one or more life activities, including a psychological disorder or condition, cosmetic disfigurement, or anatomical loss.

___ Yes ___ No

WHERE DID YOU LEARN ABOUT THIS POSITION? (SPECIFY)

___ City website ___ Job Hotline ___ Newspaper Advertisement

___ Other website: _____ ___ Walk-in

___ Other: _____ ___ Friend or employee