

CITY OF ORANGE COVE

633 SIXTH ST ORANGE COVE, CA 93646 Phone (559) 626-4488 / Fax# (559) 626-4653

An Equal Opportunity/ Affirmative Action Employer

EMPLOYMENT APPLICATION

INSTRUCTIONS: Read job announcement thoroughly and apply only if you feel reasonably certain that you meet all the minimum qualifications. Print in ink or use a typewriter. Completely fill out both sides of the application and sign it. If an answer does not apply to you, write N/A. Attach additional sheet(s) if necessary. If you need a special accommodation during the testing process pursuant to the Americans with Disabilities Act, please call the City of Orange Cove at (559) 626-4488.

T											
EXACT TITLE OF POSITION											
NAME:											
MAILING ADDRESS:		First Name		Middle							
TELEPHONE: ()	Apt. #	City Business		State	Zip						
DRIVER LICENSE NUMBER:	STATE:	Have you ever had a driver license revoked or suspended YES NO If yes, when?									
EXPIRATION DATE:	CLASS:		u NO I	yes, where							
	EDUCA [*]	TION									
CIRCLE HIGHEST GRADE COMPLETED HIG	GH SCHOOL 9 10 11 12	COLLEGE 13 14	15 16 GRA	D 17 18 19	GED						
NAME OF COLLEGE, BUSINESS, OR OTHER SCHOOLS ATTENDED	BJECT OR OF STUDY	SEM/QTR UNITS	DE	DEGREE							
	<u> </u>										
SPECIAL REQUIREMENTS List license, certificate, or registration you possess List appeals light appeals by the relate to this position											
that is required for this position	List	t special skills tha	at relate to this pos	sition							
	ADDITIONAL IN										
Are you related by blood or marriage to any present state name, relationship and city department.	nt employee of the City of	f Orange Cove? If yes,	,								
Do you live in the immediate household of any present employee of the City of Orange Cove? If yes, state name and city department.											
Have you ever been employed by the City of Oran dates.	ge Cove? If yes, state po	osition, department, and	d								
4. Can you, after employment, submit verification of y		YES 📮	NO								

EMPLOYMENT HISTORY

List most recent experience first. Carefully account for all employment, paid or unpaid, over the last 10 years. List each job title even if employed by the same employer. Use additional sheets if necessary using the same format as below. A resume may be attached, but will **not** be substituted for the information required in this section. Your application will be rejected if you write "See Resume."

inomiation required in this	- Tour application	T will be rejected if you write. See	. 1 100	Jui 110.					
EMPLOYER:		POSITION TITLE:	_						
ADDRESS:		DESCRIPTION OF DUTIES:	_						
PHONE NO:									
EMPLOYED FROM:	TO:								_
TOTAL EMPLOYED:	YEAR/MONTH								
STARTING SALARY:									
ENDING SALARY:		SUPERVISOR NAME AND TITL	E:						
		REASON FOR LEAVING:							
EMPLOYER:		POSITION TITLE:	_						
ADDRESS:		DESCRIPTION OF DUTIES:	_						
PHONE NO:									
EMPLOYED FROM:	TO:								
TOTAL EMPLOYED:	YEAR/MONTH								
STARTING SALARY:							<u></u>	-	
ENDING SALARY:		SUPERVISOR NAME AND TITL	E:						
HOURS/WEEK:		REASON FOR LEAVING:							
EMPLOYER:		POSITION TITLE:	_						
ADDRESS:		DESCRIPTION OF DUTIES:	_						
PHONE NO:									
EMPLOYED FROM:	TO:								
TOTAL EMPLOYED:	YEAR/MONTH								
STARTING SALARY:	/MONTH								
ENDING SALARY:		SUPERVISOR NAME AND TITL	E:						_
LIQUIDOM/EEK.		REASON FOR LEAVING:	_						
EMPLOYER:		POSITION TITLE:	_						
ADDRESS:		DESCRIPTION OF DUTIES:	_						
PHONE NO:									
EMPLOYED FROM:	TO:								
TOTAL EMPLOYED:	YEAR/MONTH								
STARTING SALARY:	/MONTH								
ENDING SALARY:	/MONTH	SUPERVISOR NAME AND TITL	E: _						
HOURS/WEEK:		REASON FOR LEAVING:							
Were you ever discharged	or forced to resign from a	nny position?		YES		NO			
If yes, explain									
May we contact the above-				YES		NO			
If no, which employer(s)?									
CERTIFICATION									
I hereby certify that all answers and statements in this document are true and complete to the best of my knowledge and belief. I authorize investigation of									
all statements contained of	wers and statements in the notation of the notation. I under	nis document are true and compi erstand that untruthful or mislead	ete t ding	answers	s are	cause fo	or rejection of n	er. i autnoriz ny applicatio	n, removal of my
name from an eligibility list, or disciplinary action including termination.									

Date

Signature of applicant