



CITY OF ORANGE COVE

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

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.

EXACT TITLE OF POSITION	
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NAME:	_____	_____	_____
	Last Name	First Name	Middle
MAILING ADDRESS:	_____	_____	_____
	Street	Apt. #	City
			State
			Zip
TELEPHONE:	() _____	() _____	
	Home	Business	

DRIVER LICENSE NUMBER: _____	STATE: _____	Have you ever had a driver license revoked or suspended? YES NO If yes, when? _____
EXPIRATION DATE: _____	CLASS: _____	

EDUCATION															
SELECT HIGHEST GRADE COMPLETED	HIGH SCHOOL	9	10	11	12	COLLEGE	13	14	15	16	GRAD	17	18	19	GED

NAME OF COLLEGE, BUSINESS, OR OTHER SCHOOLS ATTENDED	MAJOR SUBJECT OR COURSE OF STUDY	SEM/QTR UNITS	DEGREE

SPECIAL REQUIREMENTS
List license, certificate, or registration you possess that is required for this position

SKILLS
List special skills that relate to this position

CONVICTIONS	
Have you ever been convicted of any charges other than minor traffic citations? Note that drunk driving, reckless driving, hit-and-run driving, and failure to appear are not minor traffic violations.	YES NO

If yes, list below all incidents. Note that conviction is not an automatic bar to employment. Each case is considered on its own merits.

DESCRIPTION OF CHARGE	DATE	CITY & STATE	FINAL RESULT OF CHARGE

ADDITIONAL INFORMATION	
1. Are you related by blood or marriage to any present employee of the City of Orange Cove? If yes, state name, relationship and city department.	
2. Do you live in the immediate household of any present employee of the City of Orange Cove? If yes, state name and city department.	
3. Have you ever been employed by the City of Orange Cove? If yes, state position, department, and dates.	
4. Can you, after employment, submit verification of your right to work in the United States?	YES NO

Name: _____ Position Title: _____ Date: _____

The City of Orange Cove is an equal opportunity employer. To demonstrate that we meet equal opportunity requirements, we must periodically report statistical information about applicants and employees to state and federal governments. Your participation is voluntary and would be greatly appreciated. **This information will be kept separate and confidential and will not be used in any way to make employment decisions.** If you chose not to participate, please fill in only your name and the position title.

Sex: Male Female

Age: _____

Ethnic Affiliation

White (not of Hispanic origin) – Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
 Black (not of Hispanic origin) – Persons having origins in any of the black racial groups of Africa.

Asian or Pacific Islander – Persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Sub-continent or the Pacific Islands (includes Chinese, Japanese, Korean, Filipino, and Samoan).
 Hispanic – Persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin regardless of race.
 American Indian or Alaska Native – Persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliations or community recognition.

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."

EMPLOYER: _____ ADDRESS: _____ _____ PHONE NO: _____ EMPLOYED FROM: _____ TO: _____ TOTAL EMPLOYED: _____ YEAR/MONTH STARTING SALARY: _____ /MONTH ENDING SALARY: _____ /MONTH HOURS/WEEK: _____	POSITION TITLE: _____ DESCRIPTION OF DUTIES: _____ _____ SUPERVISOR NAME AND TITLE: _____ REASON FOR LEAVING: _____
EMPLOYER: _____ ADDRESS: _____ _____ PHONE NO: _____ EMPLOYED FROM: _____ TO: _____ TOTAL EMPLOYED: _____ YEAR/MONTH STARTING SALARY: _____ /MONTH ENDING SALARY: _____ /MONTH HOURS/WEEK: _____	POSITION TITLE: _____ DESCRIPTION OF DUTIES: _____ _____ SUPERVISOR NAME AND TITLE: _____ REASON FOR LEAVING: _____
EMPLOYER: _____ ADDRESS: _____ _____ PHONE NO: _____ EMPLOYED FROM: _____ TO: _____ TOTAL EMPLOYED: _____ YEAR/MONTH STARTING SALARY: _____ /MONTH ENDING SALARY: _____ /MONTH HOURS/WEEK: _____	POSITION TITLE: _____ DESCRIPTION OF DUTIES: _____ _____ SUPERVISOR NAME AND TITLE: _____ REASON FOR LEAVING: _____
EMPLOYER: _____ ADDRESS: _____ _____ PHONE NO: _____ EMPLOYED FROM: _____ TO: _____ TOTAL EMPLOYED: _____ YEAR/MONTH STARTING SALARY: _____ /MONTH ENDING SALARY: _____ /MONTH HOURS/WEEK: _____	POSITION TITLE: _____ DESCRIPTION OF DUTIES: _____ _____ SUPERVISOR NAME AND TITLE: _____ REASON FOR LEAVING: _____

Were you ever discharged or forced to resign from any position?	YES	NO
If yes, explain _____		
May we contact the above-mentioned employers regarding your employment?	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 understand that untruthful or misleading answers are cause for rejection of my application, removal of my name from an eligibility list, or disciplinary action including termination.

_____ * Signature (In lieu of signature – type full name)	_____ Date
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How did you **first** hear about this position?

- Local paper
- Fresno Bee
- Visalia Times-Delta
- Jobs Available
- Interest Card
- Walk-in/Telephone Call to Personnel Department
- Friend or Relative
- City of Orange Cove Employee
- Job Fair
- EDD
- Job Flyer
- Professional Journal or Publication (please specify) _____
- Other (please specify) _____

On on-line application form, please type your name in lieu of your signature.

NOTE

You may be required to provide a signature at a later time.