



APPLICATION for EMPLOYMENT



City of Indio

HUMAN RESOURCES DEPARTMENT
100 Civic Center Mall
Indio, CA 92201 (760) 391-4000

REJECTED _____
1. EDUCATION
2. EXPERIENCE
WRITTEN: _____
ORAL: _____
RESULTS: _____

ACCEPTED _____
3. LATE FILING
4. OTHER

FOR OFFICE USE ONLY

The City of Indio 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.

IMPORTANT INSTRUCTIONS
A. Please print clearly in **INK** or type.
B. Answer all questions completely and accurately.
C. Incorrect or false statements and omission of material facts will be cause for rejection or dismissal.
D. Failure to follow instructions in completing this application will result in rejection of application.

1. POSITION APPLYING FOR: _____

PERSONAL HISTORY

2. Name _____ 3. Social Security No. _____
Last First Middle

4. Mailing Address _____
Number Street City State Zip

5. HOME PHONE: _____ 6. BUSINESS PHONE: _____ EXTENSION: _____

Person to notify in case of emergency

7. Name _____ Address _____ Phone _____

8 Are you legally eligible to work in the United States and can you provide evidence of your eligibility? If not, explain in detail. Yes No

Verified by: _____

9 If hired, can you furnish proof of age? Yes No

Date of Birth: _____

10 Have you ever been convicted of a felony or misdemeanor or been on parole or probation? List all convictions after your 18th birthday. A conviction will not necessarily result in an automatic bar to employment. Each case is considered individually.

Yes No
If Yes, please explain fully. Attach a separate sheet if space is not adequate.

Failure to disclose all facts and convictions will result in disqualification from employment or termination from employment.

11 The City seeks to comply with the Americans with Disabilities Act. Do you have any disability which would require reasonable accomodation in the application process or in the workplace? (If yes, please explain.) Yes No

12 U.S. MILITARY SERVICE:

Active duty zzfrom _____ to _____ Final Rank or Rate _____ Branch _____

Specialty _____ Type of Separation _____

13 Have you ever worked for the City of Indio? Yes No If yes, in what department? _____

14 Do you have any relatives employed by the City of Indio? Yes No

If yes, give name, relationship and position title.

15 Have you ever been fired or forced to resign a position? Yes No If yes, explain: _____

16 LICENSES:

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

Number _____ State _____

Expiration Date: _____ Class _____

17 In which foreign language(s) are you fluent? _____

18 Professional License or Certificate or Other Credential, if required for this examination.

Description

Number

By Whom Issued

Expiration Date

Verified by:

EDUCATIONAL HISTORY

19 Do you have a High School Diploma or a G.E.D. certificate? Yes No If NO, Circle Highest Grade Completed.
1 2 3 4 5 6 7 8 9 10 11 12

20 List below all 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.

| NAME AND ADDRESS OF SCHOOL, COLLEGE, VOCATIONAL SCHOOL OR INSTITUTE | TITLE OF COURSE OR MAJOR | Attendance Dates | | Certificates, Degrees, Units, Hours, Etc. (If you attended under another name, indicate) |
|---|--------------------------|------------------|----|--|
| | | From | To | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

EMPLOYMENT HISTORY IN DETAIL

21 Do you object to having your present employer contacted? Yes No

22 List all jobs you have held and periods of unemployment in the past ten 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.
YOU MUST COMPLETE THIS SECTION

| | | | |
|---|---|------------------------------------|----------------|
| From _____ To _____ Month/Year Month/Year | Title of your position | | |
| Name and address of employer | Duties of your position | | |
| | | | |
| Name of Supervisor | | | |
| Reason for Leaving | Number of Employees Supervised (if any) | Salary \$ per | Hours per week |
| From _____ To _____ Month/Year Month/Year | Title of your position | | |
| Name and address of employer | Duties of your position | | |
| | | | |
| Name of Supervisor | | | |
| Reason for Leaving | Number of Employees Supervised (if any) | Salary \$ per | Hours per week |
| From _____ To _____ Month/Year Month/Year | Title of your position | | |
| Name and address of employer | Duties of your position | | |
| | | | |
| Name of Supervisor | | | |
| Reason for Leaving | Number of Employees Supervised (if any) | Salary \$ per | Hours per week |

ADDITIONAL QUALIFICATIONS:

| |
|--|
| |
|--|

23 CERTIFICATE OF APPLICANT: I certify that all statements made in this application are true to the best of my knowledge. I understand that any misstatement of material fact or omission of any part will subject me to disqualification or dismissal during employment. I hereby authorize the City of Indio to conduct a background investigation of my ability, employment record, of character with any source. 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 diplomas and military discharges when applicable. I am aware that any offer of employment is conditional upon my ability to meet the established requirements of this job. I understand that acceptance of an offer of employment does not create a contractual obligation upon the City of Indio to continue to employ me in the future.

Signature _____

Date _____

CITY OF INDIO
SUPPLEMENTAL SHEET TO EMPLOYMENT APPLICATION
ETHNIC IDENTIFICATION SURVEY

The following information is requested solely to enable the City of Indio to comply with United States Government Equal Employment Opportunity Requirements and will be used only for statistical purposes. This information may be provided on a voluntary basis. You are not required to provide this information as a part of your application for employment.

A. Position Applied for: _____

B. Social Security Number: _____

C. Today's Date _____ _____ _____
 (Month) (Day) (Year)

D. Check one of the following:

| | |
|-----------------------|------------------------|
| _____ Caucasian | _____ Filipino |
| _____ Black | _____ Asian American |
| _____ Hispanic | _____ East Indian |
| _____ American Indian | _____ Other (Describe) |

E. Check one of the following:

| | |
|------------|--------------|
| _____ Male | _____ Female |
|------------|--------------|

The information which you provide will be kept confidential.



INDIO POLICE DEPARTMENT

Supplemental Application for Employment

Police Officer – Lateral/Academy Trained/Academy in Process

This supplemental application is part of your official application packet and offers you the opportunity to fully and clearly explain your training for the position of **Police Officer - Lateral / Academy Trained / Academy in Progress**. Therefore, please complete each section fully. Incomplete, illegible, or vague responses on this supplemental may disqualify you from being considered further for the position. If necessary, you may attach additional sheets of paper in the same format as the supplement.

PLEASE PRINT OR USE TYPEWRITER

| | | |
|--------------------|-----------------|--------------|
| Last Name: | First Name: | Middle Name: |
| Number and Street: | | |
| City: | State: | Zip Code: |
| Home Phone: | Business Phone: | Cell Phone: |

This supplemental application is designed to allow you to clearly demonstrate that you meet the minimum qualifications for this position. You must meet the minimum qualifications in order to be considered in the examination process. Therefore, it is to your best advantage to complete the supplemental application as fully as possible. Please do not leave any item blank. If it is not applicable write N/A.

1. Are you currently employed as a sworn peace officer with a California law enforcement agency?

Yes ___ No ___ If yes, indicate what agency and length of time employed by the agency.

Agency: _____

Dates: From: _____ To: _____

2. Do you currently possess a California Basic POST Certificate? Yes ___ No ___
 If yes, PLEASE ATTACH A COPY. If no, are you eligible for a California Basic POST Certificate? (You have successfully completed a law enforcement academy and the probationary period with an employer). Yes ___ No ___

3. Are you currently enrolled in an academy? Yes ___ No ___

Which academy? _____ Graduation Date: _____

If no, have you graduated from a California POST approved academy? Yes ___ No ___

Which academy? _____ Graduation Date: _____

I certify that all statements on this supplemental application are true and complete to the best of my knowledge. I hereby authorize the City of Indio to investigate any information contained in this supplemental. I understand false or incomplete statements shall be sufficient cause for disqualification or dismissal.

SIGNATURE _____ Date _____

Name Printed _____



INDIO POLICE DEPARTMENT

Employment Disqualification Standards

ILLEGAL USE OR POSSESSION OF DRUGS

1. Any use or possession of a drug classified as an opiate, hallucinogen, stimulant or depressant in the past 15 years. This includes cocaine, methamphetamine, heroin, GHB, ecstasy, etc.
2. Any use of marijuana within three years of the date of application. Any marijuana use prior to three years of application date will be evaluated on a case-by-case basis.
3. Any illegal or unauthorized use of prescription medications such as using medications not prescribed to you, abusing medications that are prescribed for you, or the illegal transportation of prescription medications from another country into the United States.
4. Any illegal use of anabolic steroids.
5. Any illegal use of a hypodermic needle.

FINANCIAL

1. A pattern or history of irresponsibility as evidenced by debt collections, civil judgments, failure to pay, and/or bankruptcy, etc.

MOTOR VEHICLE OPERATIONS (If the job description of the position applied for requires employee to drive).

1. Any conviction of driving under the influence of alcohol or drugs within seven years of the date of application.
2. More than one conviction of driving under the influence.
3. Three or more moving violations within the past five years.
4. Involvement as a driver in three or more collisions deemed to be your fault within five years.

ALL BACKGROUND INVESTIGATIONS WILL BE SUPPLEMENTED BY A POLYGRAPH EXAMINATION

If you have questions about your particular situation, please contact our Training Bureau at (760) 347-8522 extension 252.