

EXPERIENCE: BEGINNING WITH YOUR CURRENT OR MOST RECENT POSITION, LIST ALL POSITIONS YOU HAVE PREVIOUSLY HELD, INCLUDING MILITARY AND VOLUNTEER SERVICE. IF NECESSARY, USE ADDITIONAL SHEETS. PLEASE ACCOUNT FOR ANY TIME PERIODS OF SELF-EMPLOYMENT OR UNEMPLOYMENT.

JOB TITLE:		FROM:	TO:	TOTAL:
		MONTH / DAY / YEAR	MONTH / DAY / YEAR	YRS. / MOS.
NAME OF ORGANIZATION:	ADDRESS:		CITY:	STATE:
TYPE OF ORGANIZATION:	NAME & TITLE OF SUPERVISOR:		TELEPHONE:	
SPECIFIC DUTIES:				
REASON FOR LEAVING:				
MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, WHY?				

JOB TITLE:		FROM:	TO:	TOTAL:
		MONTH / DAY / YEAR	MONTH / DAY / YEAR	YRS. / MOS.
NAME OF ORGANIZATION:	ADDRESS:		CITY:	STATE:
TYPE OF ORGANIZATION:	NAME & TITLE OF SUPERVISOR:		TELEPHONE:	
SPECIFIC DUTIES:				
REASON FOR LEAVING:				
MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, WHY?				

JOB TITLE:		FROM:	TO:	TOTAL:
		MONTH / DAY / YEAR	MONTH / DAY / YEAR	YRS. / MOS.
NAME OF ORGANIZATION:	ADDRESS:		CITY:	STATE:
TYPE OF ORGANIZATION:	NAME & TITLE OF SUPERVISOR:		TELEPHONE:	
SPECIFIC DUTIES:				
REASON FOR LEAVING:				
MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, WHY?				

HAVE YOU EVER BEEN A VOLUNTEER OR BEEN EMPLOYED BY THE CITY OF PALM SPRINGS?	<input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU SUBMITTED AN APPLICATION WITH THE CITY OF PALM SPRINGS IN THE LAST TWO YEARS?	<input type="checkbox"/> YES <input type="checkbox"/> NO
ARE ANY RELATIVES A VOLUNTEER OR EMPLOYED BY THE CITY OF PALM SPRINGS? (PLEASE GIVE NAME, DEPARTMENT AND RELATIONSHIP IN SPACE PROVIDED BELOW)	<input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU EVER BEEN CONVICTED OF ANY CRIME OR MISDEMEANOR OTHER THAN A PARKING VIOLATION? (A CONVICTION IS NOT NECESSARILY A BASIS FOR DISQUALIFICATION FOR A POSITION)	<input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU EVER BEEN DISMISSED OR RELEASED FROM A VOLUNTEER ASSIGNMENT/EMPLOYMENT OR HAVE YOU EVER RESIGNED TO AVOID DISCHARGE?	<input type="checkbox"/> YES <input type="checkbox"/> NO
IF THE ANSWER IS "YES" TO ANY OF THESE QUESTIONS, PLEASE EXPLAIN IN DETAIL IN THIS SPACE.	<input type="checkbox"/> YES <input type="checkbox"/> NO
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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 FALSE STATEMENTS OF MATERIAL FACT WILL SUBJECT ME TO DISQUALIFICATION OR DISMISSAL FROM ANY VOLUNTEER PROGRAM.

SIGNATURE _____ **DATE** _____