

EDEN AREA REGIONAL OCCUPATIONAL PROGRAM

APPLICATION FOR EMPLOYMENT EMPLOYMENT

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Last Name	First	Middle	Date:
Street Address, Apt. No.			Home Telephone
City, State, Zip			Business Phone
Position/s Desired			Date available for employment:
Have you applied for employment with us before? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, month and year / Position			
Are you related to any employee of the Eden Area ROP? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, please name _____			Are you able (with or without reasonable accommodation) to perform the required job functions? <input type="checkbox"/> yes <input type="checkbox"/> no
If hired, can you submit verification of eligibility for employment in the United States? <input type="checkbox"/> yes <input type="checkbox"/> no			Do you have fluency in any language other than English? Please state language and check boxes that apply. _____ <input type="checkbox"/> read <input type="checkbox"/> speak <input type="checkbox"/> write _____ <input type="checkbox"/> read <input type="checkbox"/> speak <input type="checkbox"/> write
Have you ever been convicted of any criminal offense, excluding minor traffic violations? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, describe in full.			
<p>Prior to employment with the Eden Area ROP, you will be required to submit a fingerprint clearance for a background check of criminal history. Please note that convictions may not disqualify your application, but failure to reveal this information is cause for immediate rejection of your application or dismissal.</p>			

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School	Name and Location of School	Course of Study	No. of years completed	Did you graduate?	Degree/Diploma
Graduate Work				<input type="checkbox"/> yes <input type="checkbox"/> no	
College				<input type="checkbox"/> yes <input type="checkbox"/> no	
Vocational/Technical				<input type="checkbox"/> yes <input type="checkbox"/> no	
High School				<input type="checkbox"/> yes <input type="checkbox"/> no	

EMPLOYMENT HISTORY

Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer. If additional space is required, please attach additional sheets to this form.

1	Company Name	Telephone ()
	Address	Employed from (state month and year) to
	Name of Supervisor	Beginning Pay _____ per _____ Ending Pay _____ per _____
	Job Title and duties	Reason for leaving

2	Company Name	Telephone ()
	Address	Employed from (state month and year) to
	Name of Supervisor	Beginning Pay _____ per _____ Ending Pay _____ per _____
	Job Title and duties	Reason for leaving

3	Company Name	Telephone ()
	Address	Employed from (state month and year) to
	Name of Supervisor	Beginning Pay _____ per _____ Ending Pay _____ per _____
	Job Title and duties	Reason for leaving

4	Company Name	Telephone ()
	Address	Employed from (state month and year) to
	Name of Supervisor	Beginning Pay _____ per _____ Ending Pay _____ per _____
	Job Title and duties	Reason for leaving

May we contact the employers listed above? yes no If not, why? _____

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PROFESSIONAL REFERENCES

Please list three references who have first-hand knowledge of your work. Do not list persons related to you.

Name	Address	Phone	Title/Position

ADDITIONAL INFORMATION

Please list any additional skills/training you feel would be an asset to this position. A résumé may be included, but may not replace this application.

Prior to employment with the Eden Area Regional Occupational Program, certification of a negative tuberculosis examination will be required in accordance with Education Code 49406.

Complete this section ONLY if applying for a Certificated position.

Credential(s) now held:	Expiration date
1	
2	

If no credential now, have you applied for one? Yes No

What type? When? _____

Have you passed the CBEST test? Yes No When? _____

Has your credential ever been suspended or revoked? Yes No

If yes, please explain:

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APPLICANT'S SIGNATURE

Please read this section carefully before signing your application:

The information I have provided in this application for employment is true, correct and complete. False, incomplete or misrepresented information of any kind, will be sufficient cause for my application to be rejected or, if discovered after I am employed, cause for immediate termination.

I authorize the employer to contact and obtain information about me from previous employers, educational institutions and references I provided, and any other party necessary to verify the information I disclosed in this application, a related résumé or a personal interview. I waive all rights and claims I may otherwise have against the employer or its representatives, for seeking, and using information to evaluate my employment request and all other persons, corporations or organizations who provide information for this purpose. I agree that this signed waiver can be mailed or faxed to any former employers or persons contacted for reference and that my faxed signature will serve as an original.

I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

I fully understand and accept all terms and conditions in the above statement.

Date

Signature

If filing electronically, please check this box to indicate agreement.

NOTICE TO ALL APPLICANTS

Eden Area Regional Occupational Program complies with the rules and regulations contained in Title VII of the Civil Rights Act of 1964, Title II of the Educational Amendments of 1972, Section 504 of the Rehabilitation Acts of 1973, and the Americans with Disabilities Act of 1990. Prospective employees will receive consideration without discrimination on the basis of sex, race, color, religious creed, national origin, ancestry, age, marital status, pregnancy, physical or mental ability, medical condition, veteran status, actual or perceived sexual orientation, or any other reason prohibited by State and Federal law.

EQUAL OPPORTUNITY EMPLOYER

FOR OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE

Received by: _____

Personnel Department

Date

Comments:

26316 Hesperian Blvd. ♦ Hayward, CA 94545-2458 ♦ (510) 293-2916 ♦ (510) 783-2955 FAX

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VOLUNTARY APPLICANT IDENTIFICATION FORM
(submission of information is **voluntary**)

Section 1233 of the California Government Code permits public employers to solicit from employees and applicants a voluntary description of their gender and racial/ethnic group membership. Additional voluntary information provided will assist the Eden Area Regional Occupational Program in accurately compiling required statistical reports for federal and state agencies. None of the information will be used to discriminate against or give preference to any individual in any personnel transaction.

Name _____

Gender: Female

Male

Racial Ethnic Group – Check only ONE applicable category below. If more than one applies, choose the one category which best identifies your racial/ethnic background.

- NATIVE AMERICAN - All persons having origins in any of the original peoples of North America who maintain cultural identification through tribal affiliation or community recognition.
- ASIAN or PACIFIC ISLANDER – All persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Pacific Islands. This area includes, for example, China, Japan, Korea, Samoa and the Philippine Islands.
- AFRICAN AMERICAN – All persons having origins in any of the black racial groups of Africa.
- HISPANIC/LATINO – All persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin.
- CAUCASIAN – All persons having origins in any of the original peoples of Europe, North Africa, the Middle East or the Indian subcontinent.
- OTHER –(Please specify): _____
- DECLINE TO STATE

How did you learn about this position?

- Newspaper
- Bulletin or job posting (where located?) _____
- Internet listing (which website?) _____
- Career Placement Center (name?) _____
- Referred by employee (name?) _____
- Other (specify) _____

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