

## APPLICATION FOR EMPLOYMENT

PERSONAL

|   |       |        |   |
|---|-------|--------|---|
| 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<br>If yes, month and year    /    Position   |       |        |   |
| Are you related to any employee of the Eden Area ROP?<br><br><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?<br><br><input type="checkbox"/> yes <input type="checkbox"/> no  |
| If hired, can you submit verification of eligibility for employment in the United States?<br><br><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.<br><br>_____ <input type="checkbox"/> read <input type="checkbox"/> speak <input type="checkbox"/> write<br><br>_____ <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?<br><br><input type="checkbox"/> yes <input type="checkbox"/> no    If yes, describe in full.  |       |        |   |
| <p style="color: #0070C0; font-size: small;">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> |       |        |   |

EDUCATION

| School               | Name and Location of School | Course of Study | No. of years completed | Did you graduate?   | Degree/Diploma |
|----------------------|-----------------------------|-----------------|------------------------|---|----------------|
| Graduate Work        |                             |                 |                        | <input type="checkbox"/> yes<br><input type="checkbox"/> no |                |
| College              |                             |                 |                        | <input type="checkbox"/> yes<br><input type="checkbox"/> no |                |
| Vocational/Technical |                             |                 |                        | <input type="checkbox"/> yes<br><input type="checkbox"/> no |                |
| High School          |                             |                 |                        | <input type="checkbox"/> yes<br><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<br>(      )                                       |
|   | Address              | Employed from (state month and year)<br>to                  |
|   | Name of Supervisor   | Beginning Pay _____ per _____<br>Ending Pay _____ per _____ |
|   | Job Title and duties | Reason for leaving  |

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

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

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

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



**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:
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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) \_\_\_\_\_