

PERSONAL INFORMATION	
Last Name First Middle	Date
Street Address, Apt. No., City, State, Zip	Contact Phone
Email	Date available for employment
Position(s) Desired	
Have you applied for employment with us before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, month/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 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 (below): <div style="border: 1px solid black; height: 30px; margin-top: 5px;"></div> <p style="font-size: small; margin-top: 5px;">* 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> Have you ever been non-reelected or asked to resign in lieu of termination/non-reelection? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain (below): <div style="border: 1px solid black; height: 30px; margin-top: 5px;"></div> <p style="font-size: small; margin-top: 5px;">Prior to employment with the Eden Area ROP, certification of a negative tuberculosis examination will be required in accordance with Education Code 49406.</p>	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 _____ <input type="checkbox"/> Read <input type="checkbox"/> Speak <input type="checkbox"/> Write

EDUCATION	
High School	
School Name:	<input type="checkbox"/> Graduated <input type="checkbox"/> GED Highest Grade Completed: _____
College/University	
School Name:	Major/Field of Study: _____ Degree awarded: _____
	Dates Attended: _____ Semester/Quarter units: _____
School Name:	Major/Field of Study: _____ Degree awarded: _____
	Dates Attended: _____ Semester/Quarter units: _____
School Name:	Major/Field of Study: _____ Degree awarded: _____
	Dates Attended: _____ Semester/Quarter units: _____
Vocational/Technical	
School Name:	Certification Awarded: _____ Pathway/Sector: _____
	Dates Attended: _____

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. Current/most recent employer:	Date: From _____ to _____	Reason for leaving:
Address:		
Name of immediate supervisor: _____		Your job title:
Supervisor job title: _____		Was this a full time _____ or part-time _____ position? (check one)
Supervisor's phone number: _____		
Summary of job duties:		

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Address:		
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Supervisor's phone number: _____		
Summary of job duties:		

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Supervisor job title: _____		Was this a full time _____ or part-time _____ position? (check one)
Supervisor's phone number: _____		
Summary of job duties:		

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Address:		
Name of immediate supervisor: _____	Your job title:	
Supervisor job title: _____	Was this a full time _____ or part-time _____	
Supervisor's phone number: _____	position? (check one)	
Summary of job duties:		

Are you currently employed by Eden Area ROP?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you currently under contract with any other district/county office?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

PROFESSIONAL REFERENCES

1. Name:	Position/Title:
Organization/Company:	Phone:
Email:	

2. Name:	Position/Title:
Organization/Company:	Phone:
Email:	

3. Name:	Position/Title:
Organization/Company:	Phone:
Email:	

ADDITIONAL INFORMATION

Please attach the following to this application, if applicable

Applicable Certifications
 Applicable Credentials
 Resume
 Letter of Recommendation
 Degree Transcripts

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 <input type="checkbox"/> No <input type="checkbox"/>	When?
What type?	

Have you passed the CBEST? Yes <input type="checkbox"/> No <input type="checkbox"/>	When?
Has your credential ever been suspended or revoked? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, please explain:	

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 until employment is approved/ratified by the Governing Board and does not require 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

NOTICE TO ALL APPLICANTS

Eden Area ROP 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:	Date:
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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 ROP 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: Male Female Non-Binary

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.

- American Indian or Alaskan Native
- Chinese
- Japanese
- Korean
- Vietnamese
- Asian Indian
- Laotian
- Cambodian
- Hmong
- Other Asian
- Hawaiian
- Guamanian
- Samoan
- Other Pacific Islander
- Filipino
- Hispanic
- Black, not Hispanic
- White, not Hispanic
- Decline to State