Eden Area ROP

CERTIFICATED - APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

Last Name: First Name: Middle Name:

Pronouns:
He/Him ☐ She/Her ☐ They/Them ☐

Street Address, Apt. No., City, State, Zip:

Today's Date:

Email:

Phone Number:

Position(s) Desired:

Date available for employment:

Have you applied for employment with us before?
☐ Yes ☐ No **If yes,** month/year: _____ Position: _____

Are you related to any employee of the Eden Area ROP?
☐ Yes ☐ No **If yes**, please name: _____

Are you able (with or without reasonable accommodation) to perform the required job functions?
☐ Yes ☐ No

If hired, can you submit verification of eligibility for employment in the United States?
☐ Yes ☐ No

Have you ever been convicted of any criminal offense, excluding minor traffic violations?
☐ Yes ☐ No **If yes**, describe in full (below):

***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. For government agencies, CA PC 1203.4 Set Asides are not exempt from disclosure.**

Have you ever been non-reelected or asked to resign in lieu of termination/non-reelection?
☐ Yes ☐ No **If yes**, please explain (below):

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

Do you have fluency in any language other than English? **Please state language** and check boxes that apply.

☐ Read ☐ Speak ☐ Write

☐ Read ☐ Speak ☐ Write

☐ Read ☐ Speak ☐ Write

EDUCATION

High School Name:	☐ Graduated ☐ GED Highest Grade Completed:	Dates Attended: _____ to _____
College/University Name:	Major/Field of Study: Degree Awarded:	Dates Attended: _____ to _____
College/University Name:	Major/Field of Study: Degree Awarded:	Dates Attended: _____ to _____
Vocational/Technical School Name:	Certification Awarded: Pathway/Sector:	Dates Attended: _____ to _____

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NOTICE TO CERTIFICATED APPLICANTS

Effective January 1, 2025, AB 2534 amends Education Code section 44939.5 to require an applicant for a certificated position at a school district, county office of education, charter school, or state school to provide their prospective employer with a complete list of every educational institution at which the employee has been employed.

Have you previously worked for a Local Education Agency (LEA)? Yes ☐ No ☐

If yes, please provide a list of all educational institutions at which you were previously employed (If additional space is required, please attach additional sheets to this form):

Institution/School Name:	Contact Name:	Contact Phone number:	Dates Employed: _____ to _____
Institution/School Name:	Contact Name:	Contact Phone number:	Dates Employed: _____ to _____
Institution/School Name:	Contact Name:	Contact Phone number:	Dates Employed: _____ to _____

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:		

2. Previous 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:		

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.

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

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

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

Are you currently employed by Eden Area ROP? ☐ Yes ☐ No	
Are you currently under contract with any other district/county office? ☐ Yes ☐ No	

PROFESSIONAL REFERENCES	
1. Name:	Position/Title:
Organization/Company:	Phone Number:
Email:	

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

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

LIST OF CREDENTIALS	
Credential(s) now held	Expiration date
1. Name of Credential: Subject:	
2. Name of Credential: Subject:	
3. Name of Credential: Subject:	

Have you passed the CBEST? Yes ☐ No ☐	When?
Has your credential ever been suspended or revoked? Yes ☐ No ☐ **If yes,** please explain:	

If no credential now, have you applied for one? Yes ☐ No ☐	When?
What type?	

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ADDITIONAL INFORMATION

Please attach the following to this application, if applicable:

- Applicable Certifications
- Applicable Credentials
- Resume
- Letter of Recommendation
- Degree Transcripts

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 or 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

The 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

Mission Statement

The mission of the Eden Area ROP is to build a foundation for students that prepares them academically, technically, and professionally to meet challenging opportunities of the 21st century with confidence and purpose.

Vision Statement

Our vision is to embody our Core Values, leveraging our trained skills and knowledge to become visionary leaders in our careers and inspire social and economic growth in our communities.

Core Values

Equitable **A**ccessible **R**estorative **O**utcomes **P**rofessional

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VOLUNTARY APPLICANT IDENTIFICATION FORM
(SUBMISSION OF THIS 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
- ☐ Tahitian
- ☐ Guamanian
- ☐ Samoan
- ☐ Fijian
- ☐ Other Pacific Islander
- ☐ Filipino
- ☐ Hispanic
- ☐ Iranian
- ☐ Black or African American
- ☐ White
- ☐ Decline to state