



TRI-VALLEY REGIONAL OCCUPATIONAL PROGRAM HUMAN RESOURCES DIVISION

1040 FLORENCE ROAD
LIVERMORE, CA 94550

(925) 455-4800
FAX (925) 449-9126

APPLICATION FOR CLASSIFIED EMPLOYMENT

Submit the following items with your application:

- letter of interest
- resumé
- three letters of professional reference dated within the last year

Your application will be screened when all items have been submitted.

POSITION APPLIED FOR:

DATE: _____

| | |
|--|--|
| Name _____ Last First Middle Address _____ Street Apt. # _____ City State Zip Email address: _____ | SSN _____ Phone (h) _____ Phone (c) _____ Date available for employment _____ |
|--|--|

EDUCATIONAL DATA

| Name of School | # Yrs. Attended | Graduated: Y/N | Major (if applicable) |
|----------------|-----------------|----------------|-----------------------|
| High School: | | | |
| College/Univ: | | | |
| | | | |
| | | | |

EMPLOYMENT HISTORY

(list current or most recent position first)

| Dates | Name/Address of Employer | Position and Duties | Reason for Leaving |
|-------|--------------------------|---------------------|--------------------|
| From | | | |
| To | | | |
| From | | | |
| To | | | |
| From | | | |
| To | | | |

List any special skills you may have, licenses or certificates you have earned, etc. which you feel would assist you in this position:

YES ___ NO ___ Have you ever been dismissed, or asked to resign, from any position?

YES ___ NO ___ Have you ever been convicted for anything other than a minor traffic violation?

For each question above answered yes, explain in writing the circumstances and attach the statement to this form.

YES ___ NO ___ Are you a member of the Public Employee's Retirement System? *If you have withdrawn funds, you are no longer a member.*

YES ___ NO ___ If hired, can you submit verification of your legal right to work in the United States?

YES ___ NO ___ Do you have verification of a TB Test within the past 3 years? If not, one will be required before employment with Tri-Valley ROP.

According to Section 44332.6 of the Education Code, before employment with Tri-Valley ROP, you are required to be fingerprinted and a check of your record will be made.

PROFESSIONAL REFERENCES (MINIMUM of three)

| Name | Position | Address | Phone |
|------|----------|---------|-------|
| | | | |
| | | | |
| | | | |

WE ARE AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

I hereby certify that all foregoing statements are true and correct to the best of my knowledge. My signature below authorizes Tri-Valley ROP to check my references and investigate all statements herein recorded. I release from all liability persons and organizations reporting information required by this application. I understand that any omission or false statement made by me on this application, or any supplement to it, will be sufficient grounds for failure to employ or for my discharge should I become employed with Tri-Valley ROP.

Applicant's signature _____

Date _____