

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

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	Salary	Reason for Leaving
From				
То				
From				
То				
From				
То				

List any special skills	you may have,	licenses or c	certificates yo	ou have ea	arned, etc.	which you fee	l would assi	st 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 *If you have withdrawn funds, you are no longer a member.*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 _____