

IMPERIAL VALLEY REGIONAL OCCUPATIONAL PROGRAM

687 State Street, El Centro, California 92243

(760) 482-2600

Employment Information Form

Employee Information

| | | | | |
|---------------------|-------------------------|------------|------------------------|----------|
| Last Name | First Name | M.I. | Social Security Number | |
| Mailing Address | | City | State | Zip Code |
| Home Phone # () | Business Phone # () | Birthdate* | Sex* | Race* |

*This information is requested so that we may comply with governmental requests for statistical reports. It is and will not be used in anyway to identify a specific employee.

Emergency Contact Information (Optional)

| | | | | |
|---------------------|---------------------|---------------------|-------|----------|
| Last Name | First Name | Relationship | | |
| Address | | City | State | Zip Code |
| Home Phone # () | Work Phone # () | Cell phone # () | Other | |

OATH - INFORMATION

I solemnly swear (or affirm) that I will support and defend the Constitution of the United States and the Constitution of the State of California against all enemies, foreign and domestic; that I will bear true faith and allegiance to the Constitution of the United States and the Constitution of the State of California; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties upon which I am about to enter.

Executed this _____ day of _____, 200____, at City of _____

State of _____ Signature of Employee _____