

IMPERIAL VALLEY REGIONAL OCCUPATIONAL PROGRAM

CLASSIFIED EMPLOYMENT APPLICATION

An Affirmative Action Equal Opportunity Employer

Date _____

1. Position(s) _____

Are you interested in ☐ Permanent? ☐ Temporary/Substitute Employment?

Do you have the legal right to reside and seek employment in the U.S.? ☐ Yes ☐ No

(Proof may be required in support of this statement.)

2. _____
LAST FIRST MIDDLE

PHONE NUMBER

3. _____
Mailing Address CITY STATE ZIP

MESSAGE NUMBER

EMAIL ADDRESS (Required)

4. Answer the following questions "yes" or "no" by placing an "X" in the proper column. If the answer is "yes," explain fully in the space to the right.

YES NO EXPLANATION

Were you ever discharged or forced to resign for misconduct or unsatisfactory service from any position?	<input type="checkbox"/>	<input type="checkbox"/>	
*Have you any physical condition which may limit your ability to perform the job applied for? *(The Imperial Valley Regional Occupational Program Superintendent reserves the right to require a physical exam for job related purposes.)	<input type="checkbox"/>	<input type="checkbox"/>	
Prior to employment, each new employee is required to fill out and sign the Oath of Allegiance required of all public employees by Section 3, Article XX of the Constitution of the State of California. Is there any reason why you cannot sign this Oath of Allegiance?	<input type="checkbox"/>	<input type="checkbox"/>	
*Have you ever been convicted of a felony or misdemeanor in the past 7 years? (Exclude minor traffic violations for which a fine of \$50 or less was imposed.)	<input type="checkbox"/>	<input type="checkbox"/>	
Note: A "yes" answer will not necessarily disqualify. A false answer or perjury may result in automatic disqualification. If your answer is "yes," please explain, giving date, nature of offense and location. *If you are employed, you will be fingerprinted and your fingerprints will be checked by the State of Bureau of Criminal Identification and Investigation and the Federal Bureau Investigation. A record of conviction may not disqualify you from employment, but failure to itemize all convictions may result in disqualification or dismissal.			

5. Place a check opposite each of the following in which you have had experience:

☐ Computer/Data Entry ☐ Computer/Word Processing ☐ Dictaphone/Transcription Machine ☐ Keyboarding/Typing Speed: _____ wpm ☐ Calculator (10-key by touch)

Other office machines, equipment and/or software: Please List _____

6. Indicate what foreign languages you speak, read, and/or write:

LANGUAGE		Check one:	
		FLUENTLY	FAIR
SPEAK		<input type="checkbox"/>	<input type="checkbox"/>
READ		<input type="checkbox"/>	<input type="checkbox"/>
WRITE		<input type="checkbox"/>	<input type="checkbox"/>

7. PERSONAL REFERENCES: List below persons who are acquainted with your work and/or character. Do not list employers or relatives.

NAME	OCCUPATION	ADDRESS-STREET NO. OR P.O. BOX-CITY-STATE	PHONE

8. EDUCATION: Give name and location of all schools attended:

EDUCATION	SCHOOL NAME AND ADDRESS	HIGHEST GRADE COMPLETED	NO. OF UNITS	DEGREE(S)	MAJOR(S)
Last Elementary or High School		1 2 3 4 5 6 7 8 9 10 11 12			
Trade or other specialized training		Length of Course			
College/Colleges		1 2 3 4 5			
Universities		1 2 3 4			

9. Honors Received _____

10. Have you ever worked for the Imperial Valley Regional Occupational Program?

☐ Yes

☐ No

11. Would you object to having your present employer contacted for reference?

☐ Yes

☐ No

12. Is there a relative of yours employed by the Imperial Valley Regional Occupational Program?

☐ Yes

☐ No

Name _____ Relation _____

13. Have you served in the military? ☐ Yes ☐ No (If your answer is "yes," you must provide a Legible copy of your DD214.)

14. Have you received a National Career Readiness Certificate (NCRC)? ☐ Yes ☐ No

If yes, NCRC certificate ID # _____

15. EMPLOYMENT RECORD: Give your complete employment record for the LAST FIVE YEARS INCLUDING UNEMPLOYMENT PERIODS. If employed under another name, write in the name by which you were known to your employer. Also, list any earlier experience of the kind required for the position. If additional space is needed, attach a sheet of paper.

BEGIN WITH YOUR MOST RECENT EMPLOYMENT AND WORK BACKWARD CONSECUTIVELY FOR 5 YEARS

FROM	TO	EMPLOYER'S NAME, ADDRESS, TELEPHONE, NUMBER, AND NAME OF LAST SUPERVISOR	TITLE	REASON FOR LEAVING

CERTIFICATION OF APPLICATION (READ CAREFULLY BEFORE SIGNING)

I refer you to individuals and companies listed herein for information as to my character, ability and work record. I hereby release all former employers, their representatives and the individuals listed from any and all liabilities which may or may not result from information supplied by them to the Imperial Valley Regional Occupational Program. I am willing to take a physical and other examinations when required. I understand that misrepresentation or omission of facts called for on this application is cause for dismissal.

NOTE: Loyalty Oath, Tuberculosis Test, Physical Examination, Drug Screening and Fingerprint Clearance are required of all IVROP employees.

I HEREBY CERTIFY THAT ALL ANSWERS TO THE FOREGOING QUESTIONS ARE TRUE. _____

Signature of Applicant

15. Use this space for additional remarks: _____

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APPLICANT IDENTIFICATION RECORD

Social Security Number: _____

TO THE APPLICANTS: The information requested on this form is required by the regulations of the Department of Fair Employment and Housing (DFEH). The employers in California are required to keep these records on file for a period of two years. For your protection, the employers are ordered to store the records in a different location away from your application. The information is for data purposes only, and voluntary on your part.

NAME _____ SEX _____ DATE _____

POSITION APPLIED FOR: _____

(Please Check One)

AMERICAN INDIAN OR
ALASKAN NATIVE

☐

ASIAN

☐

BLACK

☐

CAUCASIAN

☐

FILIPINO

☐

HISPANIC

☐

PACIFIC ISLANDER

☐

OTHER

☐

The following option is not required to comply with the DFEH Regulations, but is for data purposes only and is voluntary on your part:

AGE: _____