

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: _____

IMPERIAL VALLEY REGIONAL OCCUPATIONAL PROGRAM 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: _____