

Redwood Coast Regional Center

An Equal Opportur	nity Employer				
Please Print					
Date	Last Name	First Name		Middle	
Present Address					
No. &Street		City		State	
Permanent Addres	ss (if different from present a	address)			
No. &Street		City		State	Zip Code
Business Phone	Home Phone				
Employment Desi	red				
Position applying f	or:				
Are you applying fo	or:				
Regular fu	II-time work?				Yes No
Regular pa	art-time work?				. Yes No
Temporary	y work, e.g., summer or holio	day work?			Yes No
What days and hou	urs are you available for worl	k?			
If applying for tem	porary work, during what po	eriod of time will you b	eavailable?		
From:		То:			
Are you available f	or work on weekends?			Y	es No
Would you beavail	lable to work overtime, if ned	cessary?		Y	'es No
If hired, what date	can you start work?				

How did you hear about our company and this job opening?	
Have you ever applied to or worked for Redwood Coast Regional Center before If yes, when?	e? Yes No
Why are you applying for workat Redwood Coast Regional Center	?
Are you at least 18 years old? (If under 18, hire is subject to verification that you are of minimum legal age.)	es No es No es No

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

We may refuse to hire relatives of present employees if doing so could result in actual or potential problems in supervision, security, safety, or morale, or if doing so could create conflicts of interest.

School	Name and Address			No. of Years Completed	Did you Graduate?	Degree or Diploma
High School	-				Yes No	
	Name					
	Address					
	City	State	Zip Code	_		
College/ University	Negro				Yes No	
	Name					List type of Degre
	Address					
	City	State	Zip Code	_		
ocational/				_	Yes No	
Business	Name					List type of Degre
	Address					
	City	State	Zip Code	_		
lealth Care raining					Yes No	
ranning	Name					
	Address					
	City	State	Zip Code	_		
Da ba				alilla that way faal as		
	y suited for work at _			skills that you feel ma enter	□ Vaa	No
Ifs	so, please explain:					
_						

Answer the following questions if you are ap	pplying for a professional position	1:	
Are you licensed/certified for the job applied fo	Yes No		
Name of license/certification:			
License/certification number:	_		
Has your license/certification ever been revoke	Yes No		
If yes, state reason(s), date of revocation or s	suspension, and date of reinstateme	ent.	
Employment History List below all present and past employment sta You must complete this section even if attachir		yer (last five years is sufficient).	
Name of Employer	Phone Number		
Type of Business	Your Supervisor's Name		
Address &Street	City	State Zip Code	
Dates of Employment: From To			
Your Position and Duties			
Reason for Leaving			
Current employer?		Yes No	
May we contact this employer for a reference?		Yes No	
Name of Employer	Phone Number		
Type of Business	Your Supervisor's Name		
Address &Street	City	State Zip Code	
Dates of Employment:			
From To			
Your Position and Duties			
Reason for Leaving			
May we contact this employer for a reference?		Yes No	

			Phone Number	
Tuno of Dusiness			Vous Cupon is only Nome	
Type of Business			Your Supervisor's Name	
Address &Street			City	State Zip Code
ates of Employment:				
	From	То		
our Position and Duties				
Reason for Leaving				
May we contact this er	mployer for a	eference?		Yes No
Name ofEmployer			Phone Number	
Type of Business			Your Supervisor's Name	
Address &Street			City	State Zip Code
ates of Employment:				
	From	То		
Your Position and Duties				
Reason for Leaving				
		eference?		Yes No
May we contact this er				
			Phone Number	
			Phone Number Your Supervisor's Name	
Name ofEmployer				State Zip Code
Name of Employer Type of Business			Your Supervisor's Name	State Zip Code
Name of Employer Type of Business Address & Street		То	Your Supervisor's Name	State Zip Code
Name of Employer Type of Business Address & Street			Your Supervisor's Name	State Zip Code
Name of Employer Type of Business Address & Street Dates of Employment:			Your Supervisor's Name	State Zip Code

References

List below three persons	not related to you who ha	ave knowledge of your work per	formance withi	n the last three ye
FirstName	Last Name	Phone Number		
Address &Street		City	State	Zip Code
Occupation		No. of Years Acquainted		
FirstName	Last Name	Last Name		Number
Address &Street		City	State	Zip Code
Occupation		No. of Years Acquainted		
FirstName	Last Name		Phone	Number
Address &Street		City	State	Zip Code
Occupation		No. of Years Acquainted		

Please Read Carefully, Initial Each Paragraph and Sign Below I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my Initials knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery. Redwood Coast Regional Center I hereby authorize to thoroughly investigate my Initials references, work record, education and other matters related to my suitability for employment unless otherwise specified above. I further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure. The Company will consider qualified applicants, including those with criminal histories, in a manner consistent with local "Fair Chance" ordinances. I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me Initials and the Company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the Company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the Company's designated representative. In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form Initials upon hire. Date Applicant's Signature

