



# Classified Employment Application

Colton-Redlands-Yucaipa

Regional Occupational Program

1214 Indiana Court, Redlands, CA 92374-2896

Mailing Address:

P.O. Box 8640, Redlands, CA 92375-8640

(909) 793-3115

www.cryrop.org

APPLICATION FOR: \_\_\_\_\_ Available for Position: \_\_\_\_\_  
*Exact Title of Position* *Date*

NAME: \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE INITIAL)  
 Address: \_\_\_\_\_  
(STREET) (CITY) (STATE) (ZIP)  
 Telephone: Home (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ Business (\_\_\_\_) \_\_\_\_\_  
(AREA CODE) (AREA CODE) (AREA CODE)

**EDUCATION:** Did you receive a high school Diploma?  Yes  No  GED

Name of Colleges or Universities Attended	Years Attended		Did you graduate?	Units Completed	Type of Degree Major/Minor
	From	To	Yes or No		

**TRAINING:** List apprenticeship, trade, vocational, business school, or any other special training which you believe has a bearing on your fitness for the position you are applying for.

Name of School/Training Facility	Years Attended		Did you complete?	Type of Certificate?
	From	To	Yes or No	

**What special licenses or certificated do you hold? (Do not include teaching/admin. Credentials here.)**

**Languages:**  
 What languages besides English can you speak, read and/or understand? \_\_\_\_\_

Do you have a legal right to work in the United States <input type="checkbox"/> Yes <input type="checkbox"/> No	How were you referred to this ROP? _____ _____	Have you ever worked for this ROP? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Position From: _____ To: _____	Do you have a valid California Drivers License? Optional until employed <input type="checkbox"/> Yes <input type="checkbox"/> No
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**EMPLOYMENT HISTORY:** List your last four jobs. Begin with the most recent. If necessary an additional sheet to describe your duties or other significant jobs directly related to the job for which you are applying.

FROM: Month: _____ Year: _____	Job Title: _____	EMPLOYED BY: (Name of Company) _____
TO: Month: _____ Year: _____	Your Duties: _____ _____ _____	Supervisor: _____ Phone: _____
SALARY: \$ _____ Month \$ _____ Hour		Address: _____
Hours per week _____		(Street) _____
Reason for Leaving: _____		(City) _____ (State) _____ (Zip) _____
		May this employer be contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No
FROM: Month: _____ Year: _____	Job Title: _____	EMPLOYED BY: (Name of Company) _____
TO: Month: _____ Year: _____	Your Duties: _____ _____ _____	Supervisor: _____ Phone: _____
SALARY: \$ _____ Month \$ _____ Hour		Address: _____
Hours per week _____		(Street) _____
Reason for Leaving: _____		(City) _____ (State) _____ (Zip) _____
		May this employer be contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No
FROM: Month: _____ Year: _____	Job Title: _____	EMPLOYED BY: (Name of Company) _____
TO: Month: _____ Year: _____	Your Duties: _____ _____ _____	Supervisor: _____ Phone: _____
SALARY: \$ _____ Month \$ _____ Hour		Address: _____
Hours per week _____		(Street) _____
Reason for Leaving: _____		(City) _____ (State) _____ (Zip) _____
		May this employer be contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No
FROM: Month: _____ Year: _____	Job Title: _____	EMPLOYED BY: (Name of Company) _____
TO: Month: _____ Year: _____	Your Duties: _____ _____ _____	Supervisor: _____ Phone: _____
SALARY: \$ _____ Month \$ _____ Hour		Address: _____
Hours per week _____		(Street) _____
Reason for Leaving: _____		(City) _____ (State) _____ (Zip) _____
		May this employer be contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No

**CLERICAL SKILLS:** (Complete if applicable to position applied for)

Typing: _____ WPM Take Shorthand? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ WPM	Can you operate a computer? <input type="checkbox"/> Yes <input type="checkbox"/> No Hardware: _____ Software: _____ Other Office Machines You Can Operate: _____ _____		
Have you been in the United Stated Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No	Dates of Active Duty From _____ To _____	Branch: _____	Do you have an honorable discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No

**PERSONAL REFERENCES**

NAME OF REFERENCE (NO RELATIVES)	POSITION	ADDRESS	PHONE

**LEGAL INFORMATION**

The following information is REQUIRED for you application to be considered. Your answers will not necessarily disqualify you from consideration, except for affirmative responses to certain enumerated sex and/or drug convictions and/or convictions for committing serious and/or violent felonies.

EXPLAIN ALL "YES" ANSWERS IN THE PROVIDED SPACE BELOW THE QUESTION. ADDENDUMS MAY BE ATTACHED, IF NECESSARY.

1. Have you ever been convicted of a felony or misdemeanor, or do you currently have a felony or misdemeanor charge pending? Convictions include a plea of guilty, nolo contendere (no contest) and/or a finding of guilty by a judge or a jury. (Note: Exclude convictions for marijuana-related offenses more than two years old.)

YES  NO

If "YES," list all convictions including, but not limited to convictions for "driving under the influence," and convictions for sex and/or drug offenses listed in California Education Code Sections 44010 and 44011, except for convictions related to marijuana if it is more than two years after the date of the conviction. Include any serious or violent felony conviction in any state or jurisdiction as enumerated in California Penal Code sections 667.6(c) and 1192.7(c).

2. Have you ever been dismissed or asked to resign from any position?

YES  NO

If "YES," please attach an explanation on a separate piece of paper.

3. The Colton-Redlands-Yucaipa Regional Occupational Program (CRY-ROP) does not discriminate on the basis of race, color, national origin, age, religion, political affiliation, gender, mental or physical disability, sex orientation, or any other basis protected by federal, state, or local law, ordinance or regulation, in its educational program(s) or employment. No person shall be denied employment solely because of any impairment, which is unrelated to the ability to engage in activities involved in the position(s) or program for which application has been made.

If you need a reasonable accommodation to participate in the firing process, CRY-ROP will provide you with one upon notice.

4. My submission of this application authorizes CRY-ROP to conduct a background investigation and authorizes release of information in connection with my application for employment. This investigation may include such information as criminal or civil convictions, driving records, previous employers and educational institutions, personal references, professional references, and other appropriate sources. I waive my right of access to any such information, and without limitation hereby release CRY-ROP and reference sources (except in relation to prior contractual agreements, public policy, legal/labor/education code, former employers and their agents or employees, as provided by law) from any liability in connection with its release or use. This release includes the sources cited above and specific examples as follows: the local law enforcement agencies, information from the Central Criminal Records Exchange or either data on all criminal convictions or certification that no data on criminal convictions are maintained, information from the California or other State Department of Social Services Child Protective Services Unit and any locality to which they may refer for release of information to any findings of child abuse or neglect investigations involving me.

Furthermore, I certify that I have made true, correct and complete answers and statements on this application in the knowledge that they may be relied upon in considering my application, and I understand that any omission or falsely answered 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 CRY-ROP.

**INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED**

AGREEMENT: In exchange for consideration of me for employment by Colton-Redlands-Yucaipa Regional Occupational Program, I agree that my employers, except as indicated above, may exchange information regarding my qualifications without incurring any liability.

I certify that the information on this application is true, and I understand that any misrepresentations of facts shall be justification for denial of employment or a dismissal.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature