



Redwood Coast Regional Center

Respecting Choice in the Redwood Community

Employment Application

Redwood Coast Regional Center is an Equal Opportunity Employer

Please Print

Date Last Name First Name Middle

Present Address

_____ - _____

No. & Street City State Zip

Permanent Address (if different from present address)

_____ - _____

No. & Street City State Zip

(____) ____ - ____ (____) ____ - ____

Business Phone Home Phone

Employment Desired

Position applying for: _____

Personal Information

Have you ever applied to or worked for Redwood Coast Regional Center before?

Yes No

If yes, when? _____

Do you have any friends or relatives working for Redwood Coast Regional Center ?

Yes No

If yes, state name(s) and relationship:

_____ Relationship _____

_____ Relationship _____

Why are you applying for work at Redwood Coast Regional Center ?

If hired, would you have a reliable means of transportation to and from work? Yes No

Are you at least 18 years old? (If under 18, hire is subject to verification that you are of minimum legal age.) Yes No

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country? Yes No



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Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? Yes No
If no, describe the functions that cannot be performed.

(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.)

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? (Convictions for marijuana-related offenses that are more than two years old need not be listed.) Yes No
If yes, state nature of the crime(s), when and where convicted, and disposition of the case.

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, date of the offense, the surrounding circumstances, and the relevance of the offense to the position(s) applied for may, however, be considered.)

Education, Training and Experience

School	Name and Address	No. of years Completed	Did you Graduate?	Degree or Diploma
High School	Name _____ Address _____ City _____ State _____ Zip _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
College/ University	Name _____ Address _____ City _____ State _____ Zip _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Vocational/ Business	Name _____ Address _____ City _____ State _____ Zip _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Health Care Training	Name _____ Address _____ City _____ State _____ Zip _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____



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Employment History

List below all present and past employment starting with your most recent employer (last five years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume.

_____	(____) ____ - ____
Name of Employer	Telephone No.
_____	_____
Type of Business	Your Supervisor's Name
_____	_____ - ____
Address & Street	City State Zip
Dates of Employment: _____	Weekly Pay: _____
From To	Starting Ending
_____ Your Position and Duties	
_____ Reason for Leaving	
May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	

_____	(____) ____ - ____
Name of Employer	Telephone No.
_____	_____
Type of Business	Your Supervisor's Name
_____	_____ - ____
Address & Street	City State Zip
Dates of Employment: _____	Weekly Pay: _____
From To	Starting Ending
_____ Your Position and Duties	
_____ Reason for Leaving	
May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Note: Attach additional page(s) if necessary.

Professional/business References

List below three persons not related to you who have knowledge of your *work performance* within the last three years.

_____	_____	(____) ____ - ____
First Name	Last Name	Telephone No.
_____	_____	_____ - ____
Address & Street	City	State Zip
_____	_____	
Occupation	No. of Years Acquainted	



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Initials

Should a search of public records (including records documenting an arrest, indictment, conviction, civil judicial action, tax lien or outstanding judgment) be conducted by internal personnel employed by the agency. I am entitled to copies of any such public records obtained by the agency unless I mark the check box below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below.

I waive receipt of a copy of any public record described in the paragraph above

Date

Applicant's Signature