



EMPLOYMENT APPLICATION

PLEASE PRINT

Date:

Name: Last _____ First _____
Middle _____

Telephone: Work (_____) _____ - _____ Home (_____) _____ - _____

Cell (_____) _____ - _____

Current address: No _____ Street _____

City _____ State _____ Zip Code _____

Permanent address if different from current address:

No _____ Street _____

City _____ State _____ Zip Code _____

Email Address: _____

Are you a citizen of the United States? Yes No

If not, are you authorized to work in the United States? Yes No

DESIRED EMPLOYMENT

Have you ever applied to or worked for RICV before? Yes No

If yes, when? _____

Do you have any friends or relatives working for RICV? Yes No



RESOURCES FOR INDEPENDENCE CENTRAL VALLEY
(An Equal Opportunity Employer)

If yes, state name(s) and relationship: _____

Position applying for: _____

Desired pay: _____

If hired, on what date can you start work? : _____ / _____ / _____

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

Are you able to perform the essential functions of the job for which are applying, either with or without reasonable accommodation? Yes No

Note: *RICV complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions.*

Are you currently employed? Yes No

If so, may we contact your current employer? Yes No

Education and Training

Did you graduate from high school? Yes No

If yes, please complete details below:

High school _____ Address: _____



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College: _____ Address: _____

From _____ To _____ Degree obtained: _____

From _____ To _____ Degree obtained: _____

Many of our consumers do not speak English. Do you speak, write or understand any foreign languages? Yes No

If yes, list language(s) _____

Do you have any other experience, training, qualifications or skills, which you feel make you especially suited for work at RICV? If so, please explain: _____

If applying for a professional position, are you licensed/certified for the position applied for? Yes No

Name of license/certification: _____

Issuing state: _____

License/certification number: _____

Has your license/certification ever been revoked or suspended? Yes No

If yes, state reason(s), date of revocation or suspension and date of reinstatement: _____



MILITARY SERVICE

Have you obtained any special skills or abilities as the result of service in the military? Yes No

If yes, describe _____

EMPLOYMENT HISTORY

List all present and past employment for the last 10 years starting with your most recent employer. Account for all periods of unemployment.

Note: *You must complete this section even if attaching a resume.*

Name of Employer: _____

Address: No _____ Street _____

City _____ State _____ Zip Code _____

Type of Business: _____

Telephone No.: (____) _____ - _____

Your Supervisor's Name: _____

Your Position: _____

Duties: _____



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Date of Employment: From ____/____/____ To ____/____/____

Salary: Starting \$ _____ Ending \$ _____

Reason for Leaving: _____

Name of Employer: _____

Address: No _____ Street _____

City _____ State _____ Zip Code _____

Type of Business: _____

Telephone No.: (____) _____ - _____

Your Supervisor's Name: _____

Your Position: _____

Duties: _____

Date of Employment: From ____/____/____ To ____/____/____

Salary: Starting \$ _____ Ending \$ _____

Reason for Leaving: _____

Name of Employer: _____



RESOURCES FOR INDEPENDENCE CENTRAL VALLEY
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Address: No _____

Street _____

City _____ State _____ Zip Code _____

Type of Business: _____

Telephone No.: (____) _____ - _____

Your Supervisor's Name: _____

Your Position: _____

Duties: _____

Date of Employment: From ____/____/____ To ____/____/____

Salary: Starting \$ _____ Ending \$ _____

Reason for Leaving: _____

Name of Employer: _____

Address: No _____ Street _____

City _____ State _____ Zip Code _____

Type of Business: _____

Telephone No.: (____) _____ - _____

Your Supervisor's Name: _____



RESOURCES FOR INDEPENDENCE CENTRAL VALLEY
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Your Position: _____

Duties: _____

Date of Employment: From ____/____/____ To ____/____/____

Salary: Starting \$ _____ Ending \$ _____

Reason for Leaving: _____

Note: Attach additional page(s) if necessary.

MILITARY SERVICE

Have you obtained any special skills or abilities as the result of service in the military? Yes No

If so, describe: _____

REFERENCES

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

Name: Last _____ First _____
Middle _____

Occupation: _____



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Contact Telephone (____)____-____

Address: No _____ Street _____

City _____ State _____ Zip Code _____

Email Address: _____

Number of Years Acquainted: _____

Name: Last _____ First _____

Middle _____

Occupation: _____

Contact Telephone (____)____-____

Address: No _____ Street _____

City _____ State _____ Zip Code _____

Email Address: _____

Number of Years Acquainted: _____

Name: Last _____ First _____

Middle _____



RESOURCES FOR INDEPENDENCE CENTRAL VALLEY
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Occupation: _____

Contact Telephone (____) _____ - _____

Address: No _____ Street _____

City _____ State _____ Zip Code _____

Email Address: _____

Number of Years Acquainted: _____

DISCLAIMER AND SIGNATURE

[Please read carefully before signing]

I certify that my answers are true and complete to the best of my knowledge. If this application leads to my employment, I understand that false or misleading information in my application or interview may result in my release. Further, I authorize the company to thoroughly investigate all the information provided by me as well as other matters related to the suitability of my employment, without giving me prior notice of such disclosure.

I understand that nothing contained in the application, or conveyed during any interview, or during my employment, if hired, is intended to create an employment contract between the company and me.

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 to the contrary to the foregoing are binding on the company unless made in writing and signed by me and the company's designated representative.

Date: ____/____/____ Applicant's Signature: _____