

ROP APPLICATION

Directions: Please Print Legibly

Name: _____
(Last) (First) (Middle) Date

Present mailing address: _____
(P.O. Box or Street Number)

(City) (State) (Zip Code)

() _____ () _____
(Telephone Number) (Alternative Telephone Number) (Email Address)

Position applied for: _____

Skills and/or competencies which qualify you for this position:

Languages spoken and/or written (other than English): _____

Have you ever been convicted, pleaded guilty or no contest to a misdemeanor or felony?

No Yes If yes, explain: _____

Do you possess a valid California Driver's License?

No Yes _____
(Number)

RECORD OF EDUCATION

	Name of School	City/State	Course of study or major	Last year completed	Did you graduate?	Diploma or degree
High School				1 2 3 4		
College/ University				1 2 3 4		
Other (Specify)				1 2 3 4		

List appropriate extracurricular activities, clubs, organizations and courses for this position:

FULL TIME
 PART TIME

AVAILABILITY

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

RECORD OF EMPLOYMENT: (Begin with your most recent job)

Period of Employment	Job Title and Duties Performed	Company Name, Address, and Phone Number
From: _____ To: _____ Mo / Yr Mo/Yr Total ___ Yrs. _____ Mo. Hours Per Week: _____ Reason For Leaving: _____	Title _____ Last Salary: _____ Duties <div style="border: 1px solid black; height: 40px; width: 100%;"></div> Supervisor's Name: _____ _____	_____ _____ _____ _____ _____ _____
From: _____ To: _____ Mo / Yr Mo/Yr Total ___ Yrs. _____ Mo. Hours Per Week: _____ Reason For Leaving: _____	Title _____ Last Salary: _____ Duties: <div style="border: 1px solid black; height: 40px; width: 100%;"></div> Supervisor's Name: _____ _____	_____ _____ _____ _____ _____ _____
From: _____ To: _____ Mo / Yr Mo/Yr Total ___ Yrs. _____ Mo. Hours Per Week: _____ Reason For Leaving: _____	Title _____ Last Salary: _____ Duties: <div style="border: 1px solid black; height: 40px; width: 100%;"></div> Supervisor's Name: _____ _____	_____ _____ _____ _____ _____ _____

REFERENCES: Give the names of three persons not related to you.

Name	Complete Address (Include City, State, Zip)	Phone	Occupation
1.			
2.			
3.			

**I authorize investigation of all statements contained in this application.
 I understand that misrepresentation or omission of facts is cause for dismissal.**

Date: _____ Signature: _____