



INLAND REGIONAL CENTER

...valuing independence, inclusion and empowerment

P.O. BOX 19037, San Bernardino CA 92423-9037

Reset Form

APPLICANT DATA RECORD State Equal Opportunity Employer

(PLEASE PRINT)

Qualified applicants are considered for all positions, and employees are treated during employment without regard to race, color, national origin, ancestry, sex, age (over 40), religious creed, marital status, pregnancy. Or related medical condition, political belief or affiliation, sexual orientation, medical condition (cancer related), disability (including AIDS/HIV), being a Vietnam era or special disabled veteran, or any other protected class and relevant State and Federal laws or retaliation for having filed a discriminatory employment practice or opposing a discriminatory employment practice or opposing a discriminatory employment practice.

As employers/government contractors, we comply with government regulations and affirmative action responsibilities.

Solely, to help us comply with government record keeping, reporting and other legal requirements, please fill out the Data Record.

This data is for periodic government reporting and will be kept in a Confidential File separate from the Application for Employment.

Date: _____ Position (s) Applying For: _____

Advertisement Friend Relative On my own Employment Agency Other _____

Name: _____ Telephone#: () _____
Last First MI

Address City State Zip Code

AFFIRMATIVE ACTION SURVEY

Government agencies require periodic reports on the sex, age ethnicity, disability and veteran status of applicants. This data is for analysis and affirmative action only.

Check one: Male Female Birth date: _____ / _____ / _____

Check one of the following Race/Ethnic Group: White Black/African American
 Hispanic/Latino Hawaiian/Pacific Islander American Indian/Alaskan Native
 Asian Two or more races (specify) _____

Check if any of the following are applicable: Vietnam Era Veteran Disabled Veteran

Have you been diagnosed as having or, in your opinion, do you have a disability as defined by the American with Disabilities Act? Yes No

The ADA defines a "disability" as (1) a physical or mental impairment that substantially limits one or more of the major life activities of an individual; (2) a record of such an impairment; or (3) being regarded as having such an impairment.

Examples of disabilities under the ADA include AIDS, heart disease, asthma, deafness, diabetes, sarcoidosis, epilepsy, cancer, mental retardation, organic brain syndrome, emotional or mental illness and specific learning disabilities.

FOR PERSONNEL DEPARTMENT USE ONLY

Position(s) Applied For Is Open: Yes No

Position(s) Considered For: _____

Date: _____



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APPLICATION FOR EMPLOYMENT

(PLEASE PRINT)

PERSONAL INFORMATION

Date: _____

Name: _____ SS#: _____
Last First MI

Address _____ City _____ State _____ Zip Code _____

Telephone #: () _____ Driver's License # _____

Are you known to schools/references by another name? Yes No If yes, by what name? _____

Can you, submit verification of your legal right to work in the United States? Yes No

Referral Source: Newspaper _____ Friend Relative School On my own Internet
 Other: _____

Are you over the age of 18? Yes No

Have you ever been convicted of a felony? Yes No If yes, please explain: _____

EMPLOYMENT DESIRED

Position: _____ Date you can start: _____

Are you available to work? Full-Time Part-Time On Shifts Temporary

Are you employed now? Yes No

Any objection to overtime work? Yes No

Can you travel if a job requires it? Yes No

Reason for interest in this job?: _____

EDUCATIONAL DATA

	School Name	City - State	Years Completed	Degree Awarded	Major / Minor
High School					
College					
Graduate School					
Trade, Business, Night or Correspondence					
Other					

Subjects of special study or research work: _____

Scholastic Honors, Scholarships, etc. : _____

In addition to your work experience, what other skills or qualifications would especially qualify you for work with our agency? (You may exclude those which indicate the race, creed, sex, marital status, age, color, national origin, or disability of its members.)

List Language(s) in which you are fluent other than English:

_____ Speak Read Write

_____ Speak Read Write

EMPLOYMENT HISTORY

(INCOMPLETE APPLICATION WILL NOT BE CONSIDERED)

List present employer or most recent employer first (use other piece of paper if necessary)

May we contact these employers? Yes No

Employer: _____	Employed:	Supervisor's Name: _____
Address: _____	From: ____ Mo./Yr.	_____
City/State: _____ Zip _____	To: ____ Mo./Yr.	Your Job Title: _____
Telephone#: () _____		Your Salary: Start: ____ End: ____

Duties: _____

Reason for Leaving: _____

PER 626 (12-09-2009)

Employer: _____ Address: _____ City/State: _____ Zip _____ Telephone#: () _____	Employed: From: Mo./Yr. To: Mo./Yr.	Supervisor's Name: _____ Your Job Title: _____ Your Salary: Start: _____ End: _____
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Duties: _____

Reason for Leaving: _____

Employer: _____ Address: _____ City/State: _____ Zip _____ Telephone#: () _____	Employed: From: Mo./Yr. To: Mo./Yr.	Supervisor's Name: _____ Your Job Title: _____ Your Salary: Start: _____ End: _____
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Duties: _____

Reason for Leaving: _____

Employer: _____ Address: _____ City/State: _____ Zip _____ Telephone#: () _____	Employed: From: Mo./Yr. To: Mo./Yr.	Supervisor's Name: _____ Your Job Title: _____ Your Salary: Start: _____ End: _____
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Duties: _____

Reason for Leaving: _____

Employer: _____ Address: _____ City/State: _____ Zip _____ Telephone#: () _____	Employed: From: Mo./Yr. To: Mo./Yr.	Supervisor's Name: _____ Your Job Title: _____ Your Salary: Start: _____ End: _____
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Duties: _____

Reason for Leaving: _____

OTHER

In case of emergency notify:

Name _____

Telephone No. _____

EMPLOYMENT APPLICATION AGREEMENT

I understand that the policies, practices and benefits described by representatives of Inland Regional Center either singly or combined do not create an express or implied contract of employment for a definite period nor an express or implied contract concerning any term or conditions of employment.

If I am hired, I understand that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any previous notice, with or without cause. In consideration of my employment I agree to conform to all rules, regulations and policies of Inland Regional Center. No modification of these statements shall be valid unless written and signed by the Inland Regional Center Director and me.

If I am hired, I understand that false or misleading information or omission of information given in my application or interview(s) may result in termination.

I understand that if hired, this Statement is part of the employment arrangement between Regional Center and me, and will be binding on me.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I certify that answers given herein are true, accurate and complete to the best of my knowledge.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview Yes No
 Not selected for Interview

Interview Date: _____
Card Mailed: _____

Remarks: _____

Employed Yes No Date of Employment: _____
Commitment letter mailed: _____
Not selected for position letter mailed: _____

Job Title: _____ Biweekly Salary: _____ Dept. _____

By: _____
Name Title Date

FOR TEST ADMINISTRATOR'S USE

TEST ADMINISTERED	DATE	RAW SCORE	RATING	PASS		REMARKS
				YES	NO	

