

East San Gabriel Valley Regional Occupational Program and Technical Center

1501 West Del Norte Street, West Covina, CA 91790 • (626) 962-5080 • Fax (626) 472-5125

CLASSIFIED APPLICATION FORM

POSITION APPLIED FOR: _____

Date: _____

Personal Information:

Last Name First Name Middle Name Former Name

Mailing Address City State Zip Code

Home Phone Message Phone

Describe your ability to speak, read, and write languages other than English: _____

Can you, upon employment, provide verification of legal authorization to work in the US? Yes No

Are you, or have you ever been, a member of the Public Employees Retirement System? Yes No

Have you ever been convicted of a violation of any law or ordinance of any crime or misdemeanor other than a minor traffic violation? Yes No

If YES, please state in full detail the circumstances and dates on a separate sheet of paper and attach. It is important that you be accurate, thorough and honest in completing the information. A falsified or incomplete application may result in your application being rejected or your termination from employment.

*** A conviction record does not necessarily exclude you from employment in this District ***

Educational Information:

Please circle the highest grade completed: 10 11 12 13 14 15 16 17 18

Name of College, University, or Trade School attended:	Location: (City/State)	Dates Attended:	Major/Minor	Degrees Earned

Typing Speed: _____ wpm

Please list any specific courses, training, or education you have that you feel will help you on this job:

Work experience: (List your current or last position first)

Employer:	Location: (Address, City, State, Zip)
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Job Title:	Employed From/To: (Mo./Yr.)	Reason For Leaving:
Employer:	Location: (Address, City, State, Zip)	
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Employer:	Location: (Address, City, State, Zip)	
Job Title:	Employed From/To: (Mo./Yr.)	Reason For Leaving:

Professional References: (other than relatives)

Name: (Last, First)	Job Title:
Location: (Address, City, State, Zip)	Phone No.:
Name: (Last, First)	Job Title:
Location: (Address, City, State, Zip)	Phone No.:

I certify that all statements in this application are true and complete to the best of my knowledge and belief. Further, I authorize the East San Gabriel Valley ROP/TC to verify the foregoing and any other information, which might assist the district to determine my qualifications for employment. I hereby release ESGVROP/TC and my former employers from any liability, which may result from such investigation. I understand that I will be subject to disqualification or dismissal if any statement in this application is found to be untrue.

Legal Signature: _____ Date _____

The East San Gabriel Valley ROP/TC is an equal opportunity employer and does not discriminate on the basis of race, color, national origin, ancestry, age, disability, or gender in any of its policies, procedures, or practices.