



## South Bay Regional Public Safety Training Consortium Employment Application

This application is part of the selection process. Print or type all answers accurately and legibly. Provide all information requested. For additional space, attach extra sheets.

POSITION FOR WHICH YOU ARE APPLYING: \_\_\_\_\_

PLEASE RETURN COMPLETED APPLICATION TO: 3095 YERBA BUENA ROAD, SAN JOSE CA 95135 or  
sbrpstc@theacademy.ca.gov

|  |                                |   |       |
|--|--------------------------------|---|-------|
| NAME (Last, First, Middle):  |                                | SOCIAL SECURITY NUMBER:   |       |
| ADDRESS (Street, City, State, Zip):  |                                |   |       |
| HOME PHONE:  | WORK PHONE:                    | CELL PHONE:   |       |
| E-MAIL ADDRESS:  | DRIVER LICENSE NUMBER & STATE: | IF UNDER 18, INDICATE AGE:  |       |
| INDICATE ANY LANGUAGE OR OTHER SPECIAL SKILLS:   |                                | TYPE OF EMPLOYMENT DESIRED:<br><input type="checkbox"/> FULL-TIME<br><input type="checkbox"/> PART-TIME/TEMPORARY |       |
| HAVE YOU EVER BEEN CONVICTED OF A FELONY OR A MISDEMEANOR IN THE LAST FIVE (5) YEARS WHICH RESULTED IN IMPRISONMENT:<br><br>YES _____ NO _____<br><br><small>Conviction on a crime is not an automatic bar to employment. You need not list an arrest and/or a conviction when the record of such incident has been sealed in accordance with Penal Code Section 1203.45, or 851.5, nor if your record has been expunged or is expugnable pursuant to health and Safety Code Section 11361.3; however, you must list the conviction if you have received a release (per Section 1203.4 or 1203.4a of Penal Code or Welfare and Institutional code Section 1179 or 1772) or a pardon (per Section 4852.16 of the Penal Code).</small> |                                |   |       |
| LIST ANY CONVICTIONS:  |                                |   |       |
| <b>EDUCATION AND TRAINING</b>  |                                |   |       |
| HIGHEST GRADE COMPLETED: (X out)<br>High School    College    Graduate<br>1 2 3 4        1 2 3 4    1 2 3 4  |                                | NAME AND LOCATION OF HIGH SCHOOL:<br><br>_____ GRADUATE: Yes ___ No ___ Year _____                                |       |
| LIST ALL COLLEGE, BUSINESS, OR TRADE SCHOOLS:  |                                |   |       |
| SCHOOL NAME  | MAJOR/SUBJECT                  | DEGREE  | YEAR  |
| _____  | _____                          | _____   | _____ |
| _____  | _____                          | _____   | _____ |

(over please)

| WORK HISTORY (List beginning with most recent)    |   |                              |
|---|---|------------------------------|
| ARE YOU CURRENTLY EMPLOYED?<br>YES _____ NO _____ | MAY WE CONTACT YOUR CURRENT AND PAST EMPLOYERS?<br>YES _____ NO _____ |                              |
| DATES EMPLOYED:<br>FROM _____ TO _____            | HOURS PER WEEK:   | REASON FOR LEAVING:          |
| EMPLOYER:   | ADDRESS:  | EMPLOYER'S TELEPHONE NUMBER: |
| TITLE:  | DUTIES:   |                              |
| SUPERVISOR:                                       |   |                              |
| DATES EMPLOYED:<br>FROM _____ TO _____            | HOURS PER WEEK:   | REASON FOR LEAVING:          |
| EMPLOYER:   | ADDRESS:  | EMPLOYER'S TELEPHONE NUMBER: |
| TITLE:  | DUTIES:   |                              |
| SUPERVISOR:                                       |   |                              |
| DATES EMPLOYED:<br>FROM _____ TO _____            | HOURS PER WEEK:   | REASON FOR LEAVING:          |
| EMPLOYER:   | ADDRESS:  | EMPLOYER'S TELEPHONE NUMBER: |
| TITLE:  | DUTIES:   |                              |
| SUPERVISOR:                                       |   |                              |
| REFERENCES:                                       |   |                              |
| NAME:   | PHONE NUMBER:   | RELATIONSHIP:                |
| NAME:   | PHONE NUMBER:   | RELATIONSHIP:                |
| NAME:   | PHONE NUMBER:   | RELATIONSHIP:                |

I certify that, to the best of my knowledge, all statements in this application are complete and true. I agree and understand that any misstatement of, or purposeful omission of, material facts contained in this application will cause me to forfeit all rights to employment with South Bay Regional Public Safety Training Consortium, or if discovered after I have been hired by South Bay Regional Public Safety Training Consortium, may be the basis for immediate termination of employment.

|       |                                       |
|-------|---------------------------------------|
| DATE: | SIGNATURE: (upload or sign in person) |
|-------|---------------------------------------|

South Bay Regional Public Safety Training is an Equal Opportunity Employer. In compliance with the Americans with Disabilities Act, applicants requiring accommodation for any part of the recruitment process must notify the business office seven days in advance of the deadline for the part of the procedure requiring accommodation. In order to be considered for placement, you must provide proof of U.S. citizenship or legal right to remain and work in the United States.