



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: 560 BAILEY AVENUE, SAN JOSE CA 95141

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: <input type="checkbox"/> FULL-TIME <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: YES _____ NO _____ <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:					
EDUCATION AND TRAINING					
HIGHEST GRADE COMPLETED (of each level):			NAME AND LOCATION OF HIGH SCHOOL:		
High School __1__2__3__4	College __1__2__3__4	Graduate __1__2__3__4	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? YES _____ NO _____	MAY WE CONTACT YOUR CURRENT AND PAST EMPLOYERS? YES _____ NO _____	
DATES EMPLOYED: FROM _____ TO _____	HOURS PER WEEK:	REASON FOR LEAVING:
EMPLOYER:	ADDRESS:	EMPLOYER'S TELEPHONE NUMBER:
TITLE:	DUTIES:	
SUPERVISOR:		
DATES EMPLOYED: FROM _____ TO _____	HOURS PER WEEK:	REASON FOR LEAVING:
EMPLOYER:	ADDRESS:	EMPLOYER'S TELEPHONE NUMBER:
TITLE:	DUTIES:	
SUPERVISOR:		
DATES EMPLOYED: 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:	
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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.