



What date could you start work? \_\_\_\_\_

## **Education**

### **High School**

School Name: \_\_\_\_\_

City and State: \_\_\_\_\_

Grade Point Average: \_\_\_\_\_

Diploma or GED?: \_\_\_\_\_

### **College**

School Name: \_\_\_\_\_

City and State: \_\_\_\_\_

Degree or # of Years Completed: \_\_\_\_\_

Major or Subject: \_\_\_\_\_

Grade Point Average: \_\_\_\_\_

### **College**

School Name: \_\_\_\_\_

City and State: \_\_\_\_\_

Degree or # of Years Completed: \_\_\_\_\_

Major or Subject: \_\_\_\_\_

Grade Point Average: \_\_\_\_\_

### **Graduate School**

School Name: \_\_\_\_\_

City and State: \_\_\_\_\_

Degree or # of Years Completed: \_\_\_\_\_

Major or Subject: \_\_\_\_\_

Grade Point Average: \_\_\_\_\_

List any certificates earned or in progress, and/or any additional training programs not included in your formal education.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any Professional Affiliations to which you belong (please do not list activities which would indicate age, sex, color, race, creed, national origin, religion, marital status, sexual orientation, political belief, or disability):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **Previous Employment**

List your current or most recent employment first. Include work related internships, military and volunteer work.

Current Employer: \_\_\_\_\_

City and State: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Supervisor's Name and Title: \_\_\_\_\_

Position Title: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Salary: \_\_\_\_\_ per Hour Week Month Year (circle one)

Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

May We Contact Your Employer: Yes \_\_\_\_ No \_\_\_\_

Previous Employer: \_\_\_\_\_

City and State: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Supervisor's Name and Title: \_\_\_\_\_

Position Title: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Salary: \_\_\_\_\_ per Hour Week Month Year (circle one)

Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

May We Contact Your Employer: Yes \_\_\_\_ No \_\_\_\_

Previous Employer: \_\_\_\_\_

City and State: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Supervisor's Name and Title: \_\_\_\_\_

Position Title: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Salary: \_\_\_\_\_ per Hour Week Month Year (circle one)

Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

May We Contact Your Employer: Yes \_\_\_\_ No \_\_\_\_

**Personal References**

Name	Title	Company	Phone	Professional Relationship
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

### Releases and Applicant's Signature

In connection with my application for employment and as a condition of continuing employment, I understand that investigative background inquiries may be made on me including previous employers, schools, consumer credit, criminal convictions, motor vehicle, and other reports. These reports will include information as to my character, work habits, performance, education, compensation, and experience along with reasons for termination of employment from previous employers. Furthermore, I understand that the company may be requesting information from various federal, state, and other agencies which maintain records concerning my past activities relating to my driving, credit, criminal, civil, and other experiences as well as claims involving me in the files of insurance companies. I authorize without reservation, any party or agency contacted to furnish the above mentioned information and release all parties involved from liability and responsibility for doing so. I hereby consent to Riverside Sheriffs' Association and/or any of its agents to obtain the above information from such sources as described above. This authorization and consent shall be valid in original, fax, or copy form.

\_\_\_\_\_  
Initials

**All hiring and employment at Riverside Sheriffs' Association is at will.** I understand this application is not an employment contract, nor can it be used to create one. Employment by Riverside Sheriffs' Association has no specific term and may be terminated by the employee or Riverside Sheriffs' Association with or without notice. I acknowledge that Riverside Sheriffs' Association has not made any promises or representations that differ from those contained in this paragraph.

I understand I must provide satisfactory documents to establish my identity and right to work in the United States, if I am offered a position with Riverside Sheriffs' Association, and that failure to provide this evidence will result in the termination of my employment.

I release and agree to hold harmless any individual, company, business institution or government agency from all liability with regard to furnishing information to Riverside Sheriffs' Association. I agree to release and hold harmless Riverside Sheriffs' Association from all liability with respect to the receipt of such information.

I certify that the information I have furnished on this application form is true and complete. I understand that if any misrepresentation has been made by me verbally or in writing, any offer of employment made to me may be withdrawn or my subsequent employment with Riverside Sheriffs' Association may be terminated.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

# Applicant Release

Riverside Sheriffs' Association

In connection with my application for employment (including contract for services) and as a condition of continuing employment, I understand that investigative background inquiries are to be made on me including consumer credit, criminal convictions, motor vehicle, and other reports. These reports will include information as to my character, work habits, performance, education, and experience along with reasons for termination of employment from previous employers. Further I understand that the company will be requesting information from various Federal, State, and other agencies which maintain records concerning my past activities relating to my driving, credit, criminal, civil, and other experiences as well as claims involving me in the files of insurance companies.

I authorize without reservation, any party or agency contacted to furnish the above mentioned information and release all parties involved from liability and responsibility for doing so. I hereby consent to obtaining the above information by Riverside Sheriffs' Association and/or any of its agents. This authorization and consent shall be valid in original, fax, or copy form.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

*The following information is required by law enforcement agencies and other entities for identification purposes when checking records. It is confidential and will not be used for any other purpose:*

**Please Print Clearly:**

Print Full Name: \_\_\_\_\_ Sex: Male \_\_\_ Female \_\_\_

Print other names you have used: \_\_\_\_\_ Dates used: \_\_\_\_\_

Date of Birth (mm/dd/yy): \_\_\_\_\_ Social Security #: \_\_\_\_\_

Current Drivers License #: \_\_\_\_\_ Issuing State: \_\_\_\_\_

Other Drivers License #s: \_\_\_\_\_ Issuing State: \_\_\_\_\_  
(list last 7 years only)

**Home Addresses (for the last 7 years, list most current first -- use back for more space):**

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_

Zip: \_\_\_\_\_ County: \_\_\_\_\_

From - To Dates: \_\_\_\_\_ - \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_

Zip: \_\_\_\_\_ County: \_\_\_\_\_

From - To Dates: \_\_\_\_\_ - \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_

Zip: \_\_\_\_\_ County: \_\_\_\_\_

From - To Dates: \_\_\_\_\_ - \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_

Zip: \_\_\_\_\_ County: \_\_\_\_\_

From - To Dates: \_\_\_\_\_ - \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_

Zip: \_\_\_\_\_ County: \_\_\_\_\_

From - To Dates: \_\_\_\_\_ - \_\_\_\_\_

Check here if there are addresses listed on back \_\_\_\_\_