

Riverside Sheriffs' Association Employment Application

Riverside Sheriffs' Association is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including age, sex, color, race, creed, national origin, religion, marital status, sexual orientation, political belief or disability.

Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity within three (3) days of being hired. Failure to submit such proof within the required time shall result in immediate employment termination.

Personal Data

First Name	Middle	Last	
Street Address	City	State	Zip Code
Home Telephone Number	Social Security Number	Today's	Date
Daytime Telephone Number	at which we may contact you		
Are you 18 years of age or ol	der? Yes No		
Position Preferences			
For what position are you app	olying?		
Salary desired: \$	per (specify h	our, week	or year)
Schedule desired: Full Time	Part Time # of	f Hours Per	Week
Are you willing to work occa	sional overtime? _Yes	No	

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:
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:	
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:	
Dates of Employment: From:	To:
May We Contact Your Employer:	Yes No

Personal References

Name	Title	Company	Phone	Professional Relationship
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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 f	urnished on this application form is true and complet	e
5 1	ation has been made by me verbally or in writing, ar my be withdrawn or my subsequent employment wi	-
Riverside Sheriffs' Association may		u.
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Applicant's Name	 Date	
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Applicant Release

Date

Riverside Sheriffs' Association

Applicant's Signature

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: _____ State: ____ Zip: County: From - To Dates: _____ - ____ Street: City: State: Zip: County: From - To Dates: _____ - ____ Street: City: State: Zip: ____ County: ____

From - To Dates: _____ - ____

Street: _____ State: _____

Zip:	County:		
From - To Dates:			
Street:		City:	State:
Zip:	County:		
From - To Dates:			
Check here if there	are addresses listed	on back	
Professional Au	tobiography		
			lining your work experience, verside Sheriffs' Association.
