**APPLICATION FOR EMPLOYMENT**

**SOUTH BAY REGIONAL PUBLIC COMMUNICATIONS AUTHORITY**

# 4440 West Broadway, Hawthorne, California 90250

Telephone (310) 973-1802 Fax (310) 978-0892 [www.RCC911.org](http://www.RCC911.org/) An Equal Opportunity Employer

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| **IMPORTANT INSTRUCTIONS:**   * Please type * Answer all questions completely and accurately * Incorrect or false statements are cause for rejection or dismissal | | | | | | For office use only: | | | |
| Application for (Please enter exact position title)  **GENERAL INFORMATION** | | | | | | | | | |
| Name (Last) | (First) | | | | | (Middle Initial) | | Home Telephone | |
| Address (Mailing Address) | (City) | | | (State) | | (Zip) | | Mobile Telephone | |
| E-Mail Address | | | | | | | | | |
| Do you have a valid California Driver’s License?  Yes  No  Number Who referred you to SBRPCA? | | | | | | |  | | |
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| Are you available to work shift work or weekends?  Yes  No  Are you available to work overtime?  Yes  No  Can you provide a birth certificate or other proof of US Citizenship or proof of permanent resident status?  Yes  No  Have you ever worked for SBRPCA?  Yes  No  Do you have relatives working for SBRPCA?  Yes  No  Were you ever discharged, rejected during probation, or have you ever resigned under pressure or unfavorable circumstances from any employment?  Yes  No  If yes, explain   1. Have you ever been convicted by any court of any offense?  Yes  No  |  |  | | --- | --- | | You may omit: | * Traffic violations for which the fine imposed was $30 or less. * Any offense which was finally adjudicated in a Juvenile Court or under a Youth Offender Law * Any incident that has been sealed under Welfare and Institutions Code Section 781 or Penal Code Section 1203.45 |  1. Has your driver’s license ever been suspended or revoked?  Yes  No   If your answer for Questions A or B was Yes, please list all offenses below. Include date, location, nature and disposition for each. Use additional sheets if necessary. | | | | | | | | | |
| **EDUCATION**  Did you graduate high school?  Yes  No If not have you passed the G.E.D test?  Yes  No  Name and location of High School       Date Completed  Name and Location of Colleges Years/Credits Degree or  or Trade Schools Attended Dates Attended Completed Major Area of Study Diploma Date | | | | | | | | | |
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| **EXPERIENCE**  Begin with your most recent experience. List all experience in the last ten years, including U.S. Military Service and periods of unemployment. Give details on the experience, which you believe meets the entrance requirements for this position. Go back more than ten years if necessary. List any volunteer experience, which you feel helps you meet the requirements of the job for which you are applying. Show actual time (number of hours/days, number hours/weeks) spent in such experience with “Volunteer” in the space following salary.   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Employer |  | | | Dates (Month/Year) | | Address |  | | | From       To | | Job Title |  | | | Hours per week | | Job Duties |  | | |  | | Immediate Supervisor | |  | Telephone Number |  | | Reason for Leaving | |  | | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | | Employer |  | | | Dates (Month/Year) | | Address |  | | | From       To | | Job Title |  | | | Hours per week | | Job Duties |  | | |  | | Immediate Supervisor | |  | Telephone Number |  | | Reason for Leaving | |  | | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | | Employer |  | | | Dates (Month/Year) | | Address |  | | | From       To | | Job Title |  | | | Hours per week | | Job Duties |  | | |  | | Immediate Supervisor | |  | Telephone Number |  | | Reason for Leaving | |  | | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | | Employer |  | | | Dates (Month/Year) | | Address |  | | | From       To | | Job Title |  | | | Hours per week | | Job Duties |  | | |  | | Immediate Supervisor | |  | Telephone Number |  | | Reason for Leaving | |  | | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | | Employer |  | | | Dates (Month/Year) | | Address |  | | | From       To | | Job Title |  | | | Hours per week | | Job Duties |  | | |  | | Immediate Supervisor | |  | Telephone Number |  | | Reason for Leaving | |  | | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | | Employer |  | | | Dates (Month/Year) | | Address |  | | | From       To | | Job Title |  | | | Hours per week | | Job Duties |  | | |  | | Immediate Supervisor | |  | Telephone Number |  | | Reason for Leaving | |  | | | |
| Additional information you consider pertinent to the job applied for  Can we contact your present employer?  Yes  No  I hereby certify that all statements made in this application are true and complete to the best of my knowledge and belief. I authorize SBRPCA to investigate my qualifications, employment record or character through inquiries to any source mentioned in this application, unless otherwise stated in this application, and I understand and agree that any misstatements or omissions of material fact herein may cause forfeiture on my part of all rights to employment with SBRPCA  Appointment to any position is subject to your meeting all of the medical and security requirements of this agency. You will not be entitled to any compensation if you do not meet these requirements.  Signature Date |
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