

REDCOM **EMPLOYMENT APPLICATION**

INSTRUCTIONS

1. COMPLETE ALL SECTIONS OF FORM

2. PRINT OR TYPE 3. ATTACH ADDITIONAL INFORMATION

4. RETURN TO: Email:

		ASE PRINT OR TYPE THE EXACT TITLE OF POSITION YOU ARE APPLYI		Apply@muchmorethanconsulting.org					
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	4	Name Leet Eiret	Middle						
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Coll 4. Last 4 Digits of Social Security Number 6. Do you possess a California Driver's Loense? B 7. Driver's Loense No. Digits of Social Security Number 8. O regits of Social Security Number B 9. Driver's Loense No. Digits of Social Security Number 9. Can you, after an offer of employment, submit verification of your legal right to work in the United States? B 9. Pesses answer only If the job announcement for the position which you are applying requires ditzenship or minimum age. U.S. Citzen? D 9. IF YOU ANSWER 'YES' TO ANY QUESTION BELOW, PLEASE PROVIDE ADDITIONAL INFORMATION IN NUMBER 10. A 9. IF YOU ANSWER 'YES' TO ANY QUESTION BELOW, PLEASE PROVIDE ADDITIONAL INFORMATION IN NUMBER 10. D 9. IF YOU ANSWER 'YES' TO ANY QUESTION BELOW, PLEASE PROVIDE ADDITIONAL INFORMATION IN NUMBER 10. A 9. IF YOU ANSWER 'YES' TO ANY QUESTION BELOW.PLEASE PROVIDE ADDITIONAL INFORMATION IN NUMBER 10. D 9. IF YOU ANSWER 'YES' TO ANY QUESTION BELOW.PLEASE PROVIDE ADDITIONAL INFORMATION IN NUMBER 10. D 9. IF YOU ANSWER 'YES' TO ANY QUESTION BELOW.PLEASE PROVIDE ADDITIONAL INFORMATION IN NUMBER 10. D 9. IF YOU ANSWER 'YES' TO ANY QUESTION BELOW.PE EXPERIMENT YES' NO <td>3.</td> <td>Home Phone</td> <td>E mail Address</td> <td></td>	3.	Home Phone	E mail Address						
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<		Cell	4. Last 4 Digits of Social Securi	ty Number					
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12. CERTIFICATE OF APPLICATION (Read carefully before signing.)		DATE STAMP							
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	12.	12. CERTIFICATE OF APPLICATION (Read carefully before signing.)							

I hereby certify that all statements made in this application are true to the best of my knowledge, and I agree and understand that any misstatement of material facts herein may cause forfeiture on my part of all rights to any employment in the service of RÉDCOM.

Date

EDUCATION AND EXPERIENCE PLEASE READ THE QUALIFICATION SECTION OF THE JOB ANNOUNCEMENT BEFORE COMPLETING THIS SIDE								
13. Educa	13. Education Are you a High School Graduate? Yes No If no, indicate highest grade completed. Did you pass a High School Equivalency Test or GED? Yes No							
SCHOOL	NAMES & L LS/COLLEGES/I			STUDY OR MAJOR		EMESTER UNITS	QUARTER UNITS	DEGREE RECEIVED
List valid ce professiona	ertificates of prof al associations.	essional or v Include effe	vocational compet active and expirati	tence, licenses and/or memberships in ion dates. 14. In addition to English, I can fluently: Speak Read Write				-
experie week) s	15. Experience: List your most <i>relevant</i> experience including military service you feel qualifies you for the job for which you are applying. List any volunteer experience which you believe helps you meet the requirements of the classification for which you are applying, showing actual time (number of hours per week) spent in such experience with "VOLUNTEER" written in the space following salary. Provide details of the duties relevant to the position for which you are applying. Attach sheets if additional space is needed. RESUMES WILL NOT BE ACCEPTED IN LIEU OF COMPLETING THIS SECTION.							
PERIO	D OF EMPLOY	MENT	JOB TI	TLE & MOST IMPORTANT JOB DUTI	ES	16. Maywe	e contact present en	
FROM: Mo	o Yr		Job title:			Name, addre	ess, and phone no. o	of employer:
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HOURS WORKED PER WEEK:						Reason for le	•	
FROM: Mo	o Yr		Job title:			Name, addre	ess, and phone no.	of employer:
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		RECRUITMENT QUESTIO	NNAIRE		
	PLEASE INDIC	ATE HOW YOU BECAME AWARE	OF THIS JOB OPPOR	RTUNITY	
	WORD OF MOUTH			BULLETIN BOAR	D
A 🗌 City Emp	loyee B Professiona	l Colleague	My City HR Dept	J 🔲 My City Dept.	K 🗌 Community College
C D Other (S	pecify)	L [Other (Specify)		
	ADVERTISEMENT				
D Newspa		dvertisement			
F Jobs Av	—	fessional Journal or Newsletter			
8					9
• •		MPLOYMENT OPPORTUNITY INF			
and if you object to	u your racial or ethnic group and sex filling it out, you need not do so. Th ethnic group you most closely ider	is tear off sheet will be removed fro	ss of our recruitment e om the application forn	fforts. This informatic n before your applicati	n is VOLUNTARY , on is reviewed.
				ASIAN/PACI	FIC ISLANDER
	AFRICAN AMERICAN	AMERICAN INDIAN/ALAS	SKAN NATIVE		
Please check one:		FEMALE		DISABLED [YES NO
Title of the position	applying for:				
Name:				Date	