REDCOM
EMPLOYMENT APPLICATION

INSTRUCTIONS

1. COMPLETE ALL SECTIONS OF FORM
2. PRINT OR TYPE
3. ATTACH ADDITIONAL INFORMATION
4. RETURN TO:
   Email:
   Apply@muchmorethanconsulting.org

PLEASE PRINT OR TYPE THE EXACT TITLE OF POSITION YOU ARE APPLYING FOR:

1. Name - Last First Middle

2. Address - Street City State Zip Code

3. Home Phone

   Cell

   Emergency

4. E-mail Address

6. Do you possess a California Driver's License? ☐ Yes ☐ No

   Driver's License No. Expires

   Class A ☐ B ☐ C ☐

5. OFFICE SKILLS

   Do you know how to use a computer? ☐ Yes ☐ No

   How many words do you type per minute?

	YES	NO
7. Can you, after an offer of employment, submit verification of your legal right to work in the United States?	☐	☐
8. Please answer only if the job announcement for the position which you are applying requires citizenship or minimum age. U.S. Citizen?	☐	☐
9. **IF YOU ANSWER "YES" TO ANY QUESTION BELOW, PLEASE PROVIDE ADDITIONAL INFORMATION IN NUMBER 10.**		
A. Were you ever discharged, released during probation, or have you resigned under pressure or unfavorable circumstances from any employment?	☐	☐
B. Are you now, or have you been employed by REDCOM?	☐	☐
C. Are you related by blood or marriage to any person presently employed by REDCOM? If yes, list name and relationship below.	☐	☐

10. Use this space or an attachment for details regarding any "YES" answers to A, B, C, or for other supplementary information.

11. Are you willing to work?	YES	NO
A. Permanent, Part-time (less than 40hrs/week)	☐	☐
B. Temporary, Extra Help (as needed only)	☐	☐
C. Evenings and Nights	☐	☐
D. Saturdays and Sundays	☐	☐

PERSONNEL DEPARTMENT USE ONLY

APPLICATION ACCEPTED: ☐ YES ☐ NO

RECEIVED AFTER DEADLINE: ☐ YES ☐ NO

APPLICATION REJECTED: ☐ YES ☐ NO

APPLICATION FAILED REVIEW:

- ☐ EDUCATION
- ☐ EXPERIENCE
- ☐ LICENSE(S)
- ☐ CERTIFICATE(S)
- ☐ INSUFFICIENT INFORMATION

DATE STAMP

COMMENTS

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 REDCOM.

Signature _____ Date _____

COMPLETE NEXT PAGE

EDUCATION AND EXPERIENCE

PLEASE READ THE QUALIFICATION SECTION OF THE JOB ANNOUNCEMENT BEFORE COMPLETING THIS SIDE

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

NAMES & LOCATIONS SCHOOLS/COLLEGES/UNIVERSITIES/OTHER	STUDY OR MAJOR	SEMESTER UNITS	QUARTER UNITS	DEGREE RECEIVED

List valid certificates of professional or vocational competence, licenses and/or memberships in professional associations. Include effective and expiration dates.

14. In addition to English, I can fluently:

☐ Speak ☐ Read ☐ Write

15. Experience: List your most ***relevant*** 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.**

PERIOD OF EMPLOYMENT	JOB TITLE & MOST IMPORTANT JOB DUTIES	16. May we contact present employer? ☐ Yes ☐ No
FROM: Mo Yr TO: Mo Yr TOTAL: Yr(s) Mo(s) HOURS WORKED PER WEEK:	Job title: Duties:	Name, address, and phone no. of employer: Immediate supervisor: Reason for leaving:
FROM: Mo Yr TO: Mo Yr TOTAL: Yr(s) Mo(s) HOURS WORKED PER WEEK:	Job title: Duties:	Name, address, and phone no. of employer: Immediate supervisor: Reason for leaving:
FROM: Mo Yr TO: Mo Yr TOTAL: Yr(s) Mo(s) HOURS WORKED PER WEEK:	Job title: Duties:	Name, address, and phone no. of employer: Immediate supervisor: Reason for leaving:
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FROM: Mo Yr TO: Mo Yr TOTAL: Yr(s) Mo(s) HOURS WORKED PER WEEK:	Job title: Duties:	Name, address, and phone no. of employer: Immediate supervisor: Reason for leaving:

RECRUITMENT QUESTIONNAIRE

PLEASE INDICATE HOW YOU BECAME AWARE OF THIS JOB OPPORTUNITY

WORD OF MOUTH

A ☐ City Employee B ☐ Professional Colleague

C ☐ Other (Specify) _____

BULLETIN BOARD

I ☐ My City HR Dept J ☐ My City Dept. K ☐ Community College

L ☐ Other (Specify) _____

ADVERTISEMENT

D ☐ Newspaper E ☐ On-Line Advertisement

F ☐ Jobs Available G ☐ Trade, Professional Journal or Newsletter

H ☐ City Website

EQUAL EMPLOYMENT OPPORTUNITY INFORMATION

We need to ask you your racial or ethnic group and sex in order to evaluate the effectiveness of our recruitment efforts. This information is **VOLUNTARY**, and if you object to filling it out, you need not do so. This tear off sheet will be removed from the application form before your application is reviewed.
Please check the ethnic group you most closely identify with:

☐ CAUCASIAN ☐ HISPANIC ☐ ASIAN/PACIFIC ISLANDER

☐ AFRICAN AMERICAN ☐ AMERICAN INDIAN/ALASKAN NATIVE ☐ OTHER_____

Please check one: ☐ MALE ☐ FEMALE DISABLED ☐ YES ☐ NO

Title of the position applying for:_____

Name:_____Date _____