

# Employment Application

## Rancho Heritage School

9488 19th Street, Rancho Cucamonga, CA 91730

Telephone (909) 483-8250 FAX (877)893-5029 www.ranchoheritage.org

Personal Information				
1. Last Name	First Name	Middle Name	2. Social Security No	
3. Home Phone No		4. Work Phone No.		5. Cell Phone No.
6. Have you ever used any other name? Yes <input type="checkbox"/> No <input type="checkbox"/>		If Yes Please Explain, List all Names Used		Driving License Number
7. Home Street Address	Apt. No.	City	State	Zip Code
8. How long have you been living at this address?		Year	Month	9. Are you 18 years old or older? Yes <input type="checkbox"/> No <input type="checkbox"/>
10. If living at present home address for less than three years, please provide your address during the last three years.				
Previous Home Street Address		Apt. No.	City	State
				Zip Code
a)				
b)				
11. Email Address		12. Date of Last Physical Exam		13. Date of Last TB Test
14. Have you ever been convicted of child abuse or any crime? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes please		Explanations:		
15. Do you have a valid California driving license? Yes <input type="checkbox"/> No <input type="checkbox"/> If no please explain				
16. Has your driving license ever been suspended or revoked? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes please explain				
17. Are you disabled or ever been on workers' comp? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes please explain				
18. Are you able to provide proof that you have a legal right to work in the U.S.? Yes <input type="checkbox"/> No <input type="checkbox"/>				
19. How many traffic tickets and accidents did you have during the past three years? Zero <input type="checkbox"/> More than zero <input type="checkbox"/> Please explain				
20. Were you ever terminated from a job due to lack of performance, discipline, violation of employer's rules and policies, child abuse, disobedience? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes please				
21. How did you hear about RHS? Please explain				
22. Why are you interested to work at RHS?				
23. Have you worked for (RHS) before? Yes <input type="checkbox"/> No <input type="checkbox"/>				
24. Do you have any friend or relative who worked or working for RHS? Yes <input type="checkbox"/> No <input type="checkbox"/> Please Explain				
25. Nearest Relative Name,		Street Address,	City,	State,
				Zip Code
Relationship		Phone No.		

RHS is committed to a policy of non-discrimination and equal opportunity for all employees and qualified applicants without regard to sex, race, color, religion, age, national origin, disability, sexual orientation or marital status.

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<i>Position</i>		
26. What position are you applying for?	27. What is your salary expectation?	
28. Interested in <input type="checkbox"/> Full Time or <input type="checkbox"/> Part Time	29. When are you available to start working at RHS?	30. Preferred Working Hours From: _____ To: _____

<i>Previous Experience</i>
<i>List most recent experience first. If additional space needed, please continue on page 4.</i>

31. Name of employer	32. Employer Address , City, State, Zip Code		
33. Telephone No.	34. Your Job Title or Position	35. Income <input type="checkbox"/> Monthly, <input type="checkbox"/> Annual, <input type="checkbox"/> Hourly \$	
36. Other Benefits		37. Supervisor's Name	
38. Description of your responsibility			
39. Dates of Employment From _____ To _____	40. Reason for Departure		

41. Name of employer	42. Employer Address , City, State, Zip Code		
43. Telephone No.	44. Your Job Title or Position	45. Income <input type="checkbox"/> Monthly, <input type="checkbox"/> Annual, <input type="checkbox"/> Hourly \$	
46. Other Benefits		47. Supervisor's Name	
48. Description of your responsibility			
49. Dates of Employment From _____ To _____	50. Reason for Departure		

51. Name of employer	52. Employer Address , City, State, Zip Code		
53. Telephone No.	54. Your Job Title or Position	55. Income <input type="checkbox"/> Monthly, <input type="checkbox"/> Annual, <input type="checkbox"/> Hourly \$	
56. Other Benefits		57. Supervisor's Name	
58. Description of your responsibility			
59. Dates of Employment From _____ To _____	60. Reason for Departure		



