



## Employment Application

*Riverside Foundation is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, religion, ancestry, age, sex, marital status, sexual orientation, national origin, disability or handicap, veteran status, or any other classifications protected by federal, state or local laws.*

### PERSONAL

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_@\_\_\_\_\_ Home Phone: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Are you 18 years of age or older?  Yes  No

For which position(s) are you applying? \_\_\_\_\_

If hired, on what date will you be available to work? \_\_\_\_\_ Salary Desired: \_\_\_\_\_

Are you a U.S. citizen or national, asylee, refugee, or lawful permanent resident?  Yes  No  
*(If offered employment, you will be required to provide documentation to verify eligibility.)*

Have you ever been convicted of a felony:  Yes  No

If "yes", please explain: \_\_\_\_\_

*(You are not obligated to disclose sealed or expunged record of convictions or arrests. A conviction will not necessarily result in the denial of employment.)*

Have you worked for this company in the past?  Yes  No

If yes, where and when? \_\_\_\_\_

Job Title: \_\_\_\_\_

Do you have any relatives or friends who work for this company?  Yes  No

If yes, please list who he/she is: \_\_\_\_\_ Relationship: \_\_\_\_\_

\_\_\_\_\_ Relationship: \_\_\_\_\_

Do you belong to any professional, trade, business or civic organizations that are relevant to the position for which you are applying?  Yes  No

If yes, please list: \_\_\_\_\_

*(Omit any organization that reflects your race, color, religion, ancestry, age, sex, marital status, sexual orientation, national origin, disability or handicap or veteran status.)*

Are you presently employed?  Yes  No

If yes, may we contact your employer?  Yes  No

## EMPLOYMENT HISTORY

List present and past employment, beginning with your most recent, or current, position.

Name of Company: \_\_\_\_\_ Type of Business: \_\_\_\_\_  
Address, City, State, Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Employed From: \_\_\_\_\_ to \_\_\_\_\_  
Job Title: \_\_\_\_\_  
May we contact this employer regarding your work experience? \_\_\_Yes \_\_\_No  
Supervisor Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Job Responsibilities: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Name of Company: \_\_\_\_\_ Type of Business: \_\_\_\_\_  
Address, City, State, Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Employed From: \_\_\_\_\_ to \_\_\_\_\_  
Job Title: \_\_\_\_\_  
May we contact this employer regarding your work experience? \_\_\_Yes \_\_\_No  
Supervisor Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Job Responsibilities: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Name of Company: \_\_\_\_\_ Type of Business: \_\_\_\_\_  
Address, City, State, Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Employed From: \_\_\_\_\_ to \_\_\_\_\_  
Job Title: \_\_\_\_\_  
May we contact this employer regarding your work experience? \_\_\_Yes \_\_\_No  
Supervisor Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Job Responsibilities: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Name of Company: \_\_\_\_\_ Type of Business: \_\_\_\_\_  
Address, City, State, Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Employed From: \_\_\_\_\_ to \_\_\_\_\_  
Job Title: \_\_\_\_\_  
May we contact this employer regarding your work experience? \_\_\_Yes \_\_\_No  
Supervisor Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Job Responsibilities: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

## RECORD OF EDUCATION

	Name and Location	Course of Study	Years Completed	Year of Graduation	Diploma or Degree Received
<b>High School</b>	_____	_____	_____	_____	_____
<b>College</b>	_____	_____	_____	_____	_____
<b>Vocational or Trade School</b>	_____	_____	_____	_____	_____
<b>Other</b>	_____	_____	_____	_____	_____

Have you completed any special courses, seminars and/or training that would enable you to better perform the position for which you are applying?  Yes  No

If yes, please describe: \_\_\_\_\_

List academic honors, extracurricular activities, offices held, etc. in high school or college:

*(Omit any organization that reflects your race, color, religion, ancestry, age, sex, marital status, sexual orientation, national origin, disability or handicap or veteran status.)*

\_\_\_\_\_

## REFERENCES

**Please do not include relatives or friends.**

Name: _____	Occupation: _____
Address: _____	
City: _____	State: _____ Zip: _____
Home Phone: _____	Cell Phone: _____ Work Phone: _____

Name: _____	Occupation: _____
Address: _____	
City: _____	State: _____ Zip: _____
Home Phone: _____	Cell Phone: _____ Work Phone: _____

Name: _____	Occupation: _____
Address: _____	
City: _____	State: _____ Zip: _____
Home Phone: _____	Cell Phone: _____ Work Phone: _____

## HOW TO BEST CONTACT YOU

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May we telephone you at home to follow-up on this application? \_\_\_Yes \_\_\_No

If yes, what is the best time to call? \_\_\_\_\_

May we telephone you at work to follow-up on this application? \_\_\_Yes \_\_\_No

If yes, what is the best time to call? \_\_\_\_\_

What is your business telephone number? \_\_\_\_\_ ext. \_\_\_\_\_

## APPLICANT'S CERTIFICATION AND AGREEMENT

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**I hereby certify** that the facts set forth in the above employment application are true and complete, to the best of my knowledge and I understand that I am not obligated to disclose sealed or expunged records of any convictions or arrests. I hereby authorize Riverside Foundation to verify the accuracy of the facts herein and to obtain information concerning my workers' compensation claims, criminal history, motor vehicle history, earnings history, credit history as well as medical records, character records and employment records. I voluntarily and knowingly release any named or unnamed informant from any and all liability resulting from the furnishing of this information. Under the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained from a consumer reporting agency. I will be so advised and be given the name of the agency or source of information.

**I understand** that false statements of any kind or omitting information required in this application shall be considered sufficient basis for dismissal at any time. I also agree that Riverside Foundation would not have offered me employment if it knew of the undisclosed information.

**I understand** and agree that if offered employment with Riverside Foundation, such employment may be conditioned on consenting to and passing an alcohol and/or drug test as well as a post-offer medical examination. I authorize any physician, hospital, laboratory or collection site to release to Riverside Foundation, results of any test or examination or other information which may be necessary to determine my ability to perform the duties of a job for which I am being considered, prior to employment.

**I agree** that I will fully follow the policies, rules and regulations of Riverside Foundation. However, I further understand that the policies, rules and regulations as well as anything said during the interview process do not constitute an actual or implied contract of employment and do not create any contractual commitments or vested rights. I understand that any employment with Riverside Foundation is at will and that I can be terminated or I can leave Riverside Foundation, at any time, with or without notice or cause.

Signature/Name of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_