



Application For Employment

Name of Facility & Address: <div style="text-align: center;"> Ride-On Transportation 3620 Sacramento Dr., Ste 201 San Luis Obispo, Ca. 93401 </div>	Date	Facility File #
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1. Personal Information

Name	Last	First	MI	Birth Date	Telephone #

2. Position Desired

Title	Salary	Hours	Available Date

3. Previous Employment (Most recent listed first, attach additional page if necessary)

Name, Address & Phone # of Employer	Job Title and Type of Work	Dates of Employment	
		From:	To:

4. Education

Circle Highest Year Completed	Date Completed	Diploma or Eqv Test	Currently Enrolled in H.S. Completion Courses
6 7 8 9 10 11 12			Y N
			If yes, expected completion date:

Employment - Related Education Courses Completed

Course Title	Name of School or Organization & Location	# of Units Completed	Date Completed

Employment - Related Education Currently Enrolled

Course Title	Name of School or Organization & Location	Number of Units Completed	Remarks

4. Education (Continued)

Name of University, College or Business School & Location	Major Subject	# of Years Completed	# of Units Completed	Diploma, Degree or Certificate	Date Completed

5. References

(list names of three persons who can give information about your background, character, abilities, etc.)

Name	Phone	Address	Nature of Acquaintance (Friend, Employer, etc.)

6. Professional & Technical Qualifications

A. List Licenses or Certificates of Competence Held:
B. Name of Professional Organizations of Which You Are a Member:

7. Other Information

A. Briefly Describe Disabilities that might affect work:
B. Have you ever been convicted of an offense other than the following? Y N
1) Minor traffic violation (fine was \$50.00 or less)
2) Any offense settled in juvenile court under a welfare youth offender law
(Offense which fall under 1 and 2 above need not report)

If your answer to B or C is yes, provide the following information:

Date	Location	Nature	Disposition

Do you possess a valid California Driver License? Y N

Endorsements _____ Class _____ Date of Expiration: _____

I hereby certify that the above statements are true and give my permission for any necessary verification. I understand that UCP of San Luis Obispo County is an at-will employer.

Signature: _____	Date: _____
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NOTES: