

9488 19th Street, Rancho Cucamonga, CA 91730 Telephone (909) 483-8250 FAX (877)893-5029 www.ranchoheritage.org

		Personal In	formatio	n		0 0
1. Last Name	First Name	Middle Name			2.Social Security No	
3. Home Phone No	4. V	Work Phone No.		5. Cei	II Phone No.	
6. Have you ever used any	/ If Yes Please Explai	n, List all Names Use	ed	Driving Licens	e Number	
other name? Yes No				1		
7. Home Street Address	Apt. No.	City		State	Zip Cod	e
8. How long have you been	living at this address?	Year	Month	9. Are you 18 ye	ears old or older? Yes	No
10. If living at present home Previous Home Street Addre			vide your add City	lress during the la State	ast three years. Zip (Code
b)		12 Data of Last	Dhysical Eva	m 12 D	ate of Last TB Test	
11. Email Address		12. Date of Last	Pnysicai Exa	m 13. Di	ate of Last 1B Test	
14. Have you ever been con or any crime? Yes No 15. Do you have a valid Cali	If yes please	Explanations:				
Yes No If no pleas	=					
16. Has your driving license	ever been suspended					
or revoked? Yes No	If yes please explain					
17. Are you disabled or ever	been on workers'					
comp? Yes No If ye	s please explain					
18. Are you able to provide p						
legal right to work in the U.S	.? Yes No					
19. How many traffic tickets have during the past three y						
Zero More than zero	Please explain					
20. Were you ever terminate	ed from a job due to					
lack of performance, discipling employer's rules and policies						
disohedience? Yes No						
21. How did you hear about	RHS? Please explain					
22. Why are you interested t	to work at RHS?					
23. Have you worked for (RI	HS) before?					
Yes No						
24. Do you have any friend of		.				
or working for RHS? Yes	No Please Explain	A dada a -	0"	0/ /	7: 0 :	
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.



9488 19th Street, Rancho Cucamonga, CA 91730 Telephone (909) 483-8250 FAX (877)893-5029 www.ranchoheritage.org

		Pos			1)000 0020 W		oa.go.o.g
26. What position are you applying for	27. What is your salary expectation?						
28. Interested in 2		9. When are you availabl	e to start worki	ng at RHS?	30. Preferre	d Working Ho	urs
Full Time or Part Time		•			From	To	
					From: To:		
		Previous E	xperience				
List most recent experience first. If ad-	ditional sp						
		·					
31. Name of employer		32. Employer Addres	ss , City	,	State,	Zip Code	
	77.27.7.7.7	 					
33. Telephone No.	34. You	ır Job Title or Position		1	ome Monthly	, Annual,	Hourly
		\$			S 7. Supervisor's Name		
36. Other Benefits				37. Sup	ervisor's Name		
38. Description of your responsibility							
39. Dates of Employment		40. Reason for Departure					
From To							
41. Name of employer		42. Employer Addres	ss , City	,	State,	Zip Code	
41. Name of employer		42. Employer Addres	os , Olly	,	State,	Zip Coue	
43. Telephone No.	14 Vo	¦ ır Job Title or Position		,			
45. Telephone No.	44. 100	II JOD TILIE OF POSILION		1	ome Monthly	r, Annual,	Hourly
46. Other Benefits	j			\$ 47 Sur	on door's Nome		
46. Other Benefits			41. Sup	ervisor's Name			
40. December 1.							
48. Description of your responsibility							
49. Dates of Employment 50. Reason for Departure							
From To							
51 Name of amplayor		50 Employer Addres	City	,	Ctoto	7in Codo	
51. Name of employer		52. Employer Addres	ss , City	,	State,	Zip Code	
	- 54 V-	l I I I I I I I I I I I I I I I I I I I					
53. Telephone No.	54. YOU	ır Job Title or Position		55. Inco	ome Monthly	, Annual,	Hourly
	<u> </u>			\$			
56. Other Benefits				57. Sup	ervisor's Name	•	
58. Description of your responsibility							
59. Dates of Employment		60. Reason for Departu	ıre				
From To							



9488 19th Street, Rancho Cucamonga, CA 91730 Telephone (909) 483-8250 FAX (877)893-5029 www.ranchoheritage.org

		Educa	tion		1-			
Please attach a copy of your mos			itial and					
61. Did you graduate from high	me of High School?			63. Hig	h School Location (City State		
school? Yes No								
64. Do you have a college 65. Major an		nd Courses Studied 66. De		ate Received 67.		67. Name of the Co	llege or University	
degree? Yes No								
68. Are you currently going to	69. Name of	School City, State				70. Type of Classes Taking		
School? Yes No								
71. Do you have a	72 Name of	Institution awarding Certific	ration	73. Nam	ne of Ce	ertificate	74. Date Received	
certification? Yes No	72.714.110 01	mondation awarding Corani	70. Name of C		10 01 00	ranoato	7 1. Bato ricconou	
Certification: 1e3 1vo								
	Early	Childhood Educa	tion (
Course Title		Date Taken / Completed Name of Institution			tion			
		1 						
		;						
		L						
		; ; ;						
		i r						
		! !						
		; ;						
		! ! !						
		! ! 						
		 		! ! L				
		} !						
		L ! !		L				
		! !						
Are you a member of any profess	sional	If Yes, name of the profes	ecional o	conciption	10	Member since	(Date)	
association? Yes No	sionai	, 11 160, name oi me profes	ssivilai a	องบบเสแบท	Ю	Welling Sille	(Date)	
Our working hours are Monday the							,	
If you are still a Monday student what is your		Tuesday I	Vednesa	ay	11	nursday	Friday	
school schedule?					į			
What languages do you	Read W	rite I	Read	Write		Read	Write	
speak, read or write?								
Are you physically and martally	abla ta naufa	the leb that you are arrive	na for?	Voo A	Vo.	1		
Are you physically and mentally a					Vo			
Are you able to move and lift hea	vy equipment	or child (up to 30 pounds)?	Yes	No				
I certify under penalty of perjury that the above information is true and correct. I give permission to RHS to conduct any necessary verification.								
Applicant Signature						Date		



9488 19th Street, Rancho Cucamonga, CA 91730 Telephone (909) 483-8250 FAX (877)893-5029 www.ranchoheritage.org

Item No.	Miscellaneous Notes and Comments	Date / Initial
		1
		; ! !
¦		
		; }
		I I I
·		; ! !
		! !
		ı
		1 1 1 1
		1
		,
		! !
		i
		,
		/
		-
		: : !
		; ;
		ı I I
	Below for office use only	; ;
		1
	California Community Care Licensing File Number:	; }
	Active Yes No Clear Yes No	!
	Organization Associated with:	! ! !