



## APPLICATION FOR EMPLOYMENT

RCEA is an equal opportunity employer and provides equal employment opportunities (EEO) to all employees and applicants for employment without regard to race, color, religion, gender, sexual orientation, gender identity or expression, national origin, age, disability, genetic information, marital status, amnesty, or status as a covered veteran, or any other protected status in accordance with applicable federal, state and local law.

PLEASE PRINT

### POSITION APPLIED FOR

### DATE

TITLE

### HOW WERE YOU REFERRED TO US?

- ☐ RCEA Website      ☐ Social Media      ☐ Craigslist      ☐ Indeed      ☐ School      ☐ RCEA Employee  
☐ Ad or News Story In \_\_\_\_\_      ☐ Other \_\_\_\_\_

### PERSONAL INFORMATION

LAST NAME

FIRST NAME

MIDDLE INITIAL

ADDRESS

CITY

STATE, ZIP CODE

HOME PHONE

(      )

CELL PHONE

(      )

EMAIL ADDRESS

Date you will be able to start work: \_\_\_\_\_

Are you available to work:      Full Time      Part Time      Term(Temporary)

Are you able to meet the attendance requirements?      ☐ Yes      ☐ No

Do you have any objections to working overtime, if necessary?      ☐ Yes      ☐ No

Can you travel, if required, for this position?      ☐ Yes      ☐ No

Can you provide proof of a valid drivers license, if required, for this position?      ☐ Yes      ☐ No

If you are under 18 years of age, can you provide required proof of your eligibility to work?      ☐ Yes      ☐ No

Can you, after employment, submit verification of your legal right to work in the U.S.?      ☐ Yes      ☐ No

### FOREIGN LANGUAGES

Indicate any foreign languages you can speak, read and/or write

LANGUAGE

- ☐ Speak      ☐ Read      ☐ Write  
☐ Fluent      ☐ Good      ☐ Fair

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### SPECIALIZED SKILLS

Check Skills/Equipment/Software Operated

☑ Word      ☑ Excel      ☑ Teams      ☑ Salesforce or Equivalent      ☑ General Office Equipment

Other Skills (list):



LAST NAME		FIRST NAME			
<b>OTHER SKILLS/QUALIFICATIONS</b> <i>Summarize any special training, skills, and/or certificates</i>					
<b>EDUCATION</b>					
High School Graduate?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
GED Certificate?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
UNDERGRADUATE COLLEGE(S) (Name and Location [City, State] of School)	COURSE OF STUDY				
	DEGREE EARNED	Number of Years Completed			
GRADUATE/PROFESSIONAL (Name and Location [City, State] of School)	COURSE OF STUDY				
	DEGREE EARNED	Number of Years Completed			
OTHER - SPECIFY (Name and Location [City, State] of School)	COURSE OF STUDY				
	DEGREE/CERTIFICATE EARNED	Number of Years Completed			
<b>EMPLOYMENT EXPERIENCE</b> <i>Please provide all employment information for at least three (3) of your past employers beginning with the most recent. Include all experience which may qualify you for the position. You may exclude organizations which indicate gender, national origin, disabilities or other protected status. If you need an additional space, please continue on a separate sheet.</i>					
EMPLOYER		DATES EMPLOYED		HOURS PER WEEK	MAY WE CONTACT THIS EMPLOYER?
		FROM (mm/yyyy)	TO (mm/yyyy)		
ADDRESS					<input type="checkbox"/> Yes <input type="checkbox"/> No
CITY	STATE, ZIP CODE	SUMMARY OF WORK PERFORMED			
SUPERVISOR'S NAME	PHONE NUMBER ( )				
YOUR JOB TITLE					
REASON FOR LEAVING					



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LAST NAME		FIRST NAME			
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		FROM (mm/yyyy)	TO (mm/yyyy)		
ADDRESS					<input type="checkbox"/> Yes <input type="checkbox"/> No
CITY	STATE, ZIP CODE	SUMMARY OF WORK PERFORMED			
SUPERVISOR'S NAME	PHONE NUMBER ( )				
YOUR JOB TITLE					
REASON FOR LEAVING					
EMPLOYER		DATES EMPLOYED		HOURS PER WEEK	MAY WE CONTACT THIS EMPLOYER?
ADDRESS		FROM (mm/yyyy)	TO (mm/yyyy)		
CITY	STATE, ZIP CODE				<input type="checkbox"/> Yes <input type="checkbox"/> No
SUMMARY OF WORK PERFORMED					
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ADDRESS		FROM (mm/yyyy)	TO (mm/yyyy)		
CITY	STATE, ZIP CODE				<input type="checkbox"/> Yes <input type="checkbox"/> No
SUMMARY OF WORK PERFORMED					
CITY	STATE, ZIP CODE	SUMMARY OF WORK PERFORMED			
SUPERVISOR'S NAME	PHONE NUMBER ( )				
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LAST NAME		FIRST NAME	
<b>REASONABLE ACCOMMODATION</b>			
Please review the requirements for the job(s) for which you are applying (found in the job flier and job description). RCEA may utilize oral, written, and/or computer testing in the interview process. Reasonable accommodation may be made in the testing procedure as well as the work site. If you need accommodation for an exam due to a disability, please contact the Human Resources office (hr@redwoodenergy.org, or 707-269-1700 x318).			
<b>PERSONAL/PROFESSIONAL REFERENCES (do not include relatives or former employers):</b>			
NAME		JOB TITLE	PHONE NUMBER
NAME OF EMPLOYER		ADDRESS	CITY
			STATE, ZIP CODE
NAME		JOB TITLE	PHONE NUMBER
NAME OF EMPLOYER		ADDRESS	CITY
			STATE, ZIP CODE
NAME		JOB TITLE	PHONE NUMBER
NAME OF EMPLOYER		ADDRESS	CITY
			STATE, ZIP CODE
<b>APPLICANT'S STATEMENT</b>			
<p>I hereby authorize RCEA, the potential employer to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability the potential employer and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.</p> <p>I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.</p> <p>If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or the employer can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.</p> <p>I understand that it is the policy of this organization not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that persons need for a reasonable accommodation as required by the ADA. I understand my employment may be contingent upon successful completion of a criminal history background check. Should a search of public records (including records documenting an arrest, indictment, conviction, civic judicial action, tax lien, or outstanding judgment) be conducted by internal personnel employed by the Company, I am entitled to copies of any such public records obtained by the Company. If I am not hired as a result of such information, I am entitled to copies of any such records.</p> <p>I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.</p> <p>I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.</p> <p>ELECTRONIC SIGNATURE: By placing my initials below, I hereby certify that I have affixed my electronic signature and agree to provide a handwritten signature upon request.</p>			
APPLICANT SIGNATURE			DATE