



RIVERSIDE COUNTY HUMAN RESOURCES EMPLOYMENT DECLARATION FORM

Name (Last, First, M.I.):	Social Security Number:	Phone:
Address (Street /P.O. Box / City/Zip):	Position Title:	

Driver License Number (include class) & Expiration date:	Languages other than English in which you are fluent:
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Have you ever been employed under another name? No Yes If Yes, Name: _____

Are you retired under the Public Employees Retirement System (PERS)? No Yes

List any close relatives, by blood, marriage, or adoption, working for the County. (This information is necessary to determine work assignments without conflict.) Name(s): _____ Dept: _____ Relationship: _____

CONVICTION RECORD

Due to the requirements of the position for which you are applying and/or probable assignment to a designated security risk area, you are asked to answer the following questions, then read and sign the statement at the bottom of this form. A records check may be conducted to verify the accuracy of your answers/comments.

Have you ever been convicted of a felony? No Yes If Yes, provide date, location, and disposition of cases(s). Give as much information as possible. Use additional paper if needed.

Date: _____ Location: _____ Charge: _____ Sentence: _____

DRUG & ALCOHOL TESTING RECORD (DOT regulated Safety Sensitive Positions ONLY)

Due to the requirements of the Safety Sensitive Position in which you are applying for and in accordance with the Department of Transportation (DOT) Regulation 49 CFR Part 40, Section 40.25 you are asked to answer the following questions, then read and sign the statement at the bottom of this form. A drug & alcohol records check using former DOT regulated employers will be conducted to verify the accuracy of your answers/comments.

Have you ever have an alcohol test with a result of 0.04 or higher in the last two (2) years? No Yes

Have you ever had a verified positive drug test(s) in the last two (2) years? No Yes

Have you ever refuse to take a drug or alcohol test from your employer(s) in the last two (2) years? No Yes

Have you ever violated a DOT agency drug & alcohol regulation in the last two (2) years? No Yes

Have your previous employer(s) ever reported a drug & alcohol rule violation on you in the last two (2) years? No Yes

If you answered "yes" to any of the above items, did you complete the return-to-duty process during the last two (2) years? No Yes

By my signature below, I declare that all information provided on this Employment Declaration Form and all documentation submitted for employment to The County of Riverside is true and complete. I understand that falsification of information is grounds for disqualification, or termination if hired. I authorize the County and any of its agents to verify any information related to my Employment Declaration Form or continued employment with the County and I authorize release of any such information. I release the County from any liability for seeking such information.

Signature: _____

Date: _____

The information you provide in this section is voluntary and confidential, and will be used for statistical reporting only.

Are you a Veteran of the United States Armed Forces with an honorable discharge having served during an expeditionary period or declared war? Yes No
Gender: Female Male Ethnic/racial group: Indicate *one* with which you most closely identify: American Indian/Alaskan Native Asian/Pacific Islander
 African-American Filipino Hispanic Caucasian