

EDUCATIONAL SUPPORT PROGRAM - APPLICATION

APPLICATION PROCEDURES

This application is to be completed in its entirety by County of Riverside employees that are interested in any of the programs or services offered by the Educational Support Program excluding Educational Loan Repayment. Once a completed application is received employees will be contacted by Educational Support Program staff within one week. Please note completing this application does not guarantee future placement in the Educational Support Program.

ELIGIBLE CANDIDATES

Regular full-time County employees who have successfully completed their initial probationary period. Any TAP and Per Diem employee working full-time in a Certified Nursing Assistant or Nursing classification, in any County Department, who works a minimum of 520 hours in any fiscal year is also eligible. Please refer to the Educational Support Program Policies and Procedures for additional information on eligibility.

REQUIRED INFORMATION

Employee Name: First MI Last

Current Position (title)

Employee ID

Union

Current Department

Current Supervisor

Work Location (city)

Initial Hire Date

Work Contact Number

Other Contact Number

E-mail Address (county e-mail preferred)

CURRENT EDUCATION - Check the highest level of education completed

Professional Degree (including Doctoral)

Master's Degree

Bachelor's Degree

Associate's Degree

Some College

Certificate/License

High School Diploma/GED

Less than High School

Please specify major if you checked a college degree

REASON FOR APPLYING - Check all that apply

CAREER COUNSELING - Interested in meeting with a Career Counselor

Exploring county career options

Career / Educational guidance

Help with building a better resume

TEXTBOOK & TUITION ASSISTANCE OPTIONS - Interested in pursuing further education

I know the county position I am interested in pursuing (please specify) _____

I know what degree/certificate I am interested in (please specify) _____

I am interested in exploring financial assistance options

REQUIRED SIGNATURES

Employee Name (please print)

Employee Signature - by signing this application you are acknowledging that you have read and agree to the Educational Support Program policies and procedures.

Department Head or Designee Name (please print)

Department Head or Designee Signature - by signing this application for the above employee you are attesting that they have completed their initial probationary period with the County of Riverside and are in good standing in their current position.

ONCE COMPLETED PLEASE RETURN THIS APPLICATION TO MAIL STOP #1081 OR MAIL TO EDUCATIONAL SUPPORT PROGRAM, 4080 LEMON STREET, RIVERSIDE, CA 92501. If you have any questions while completing this application please contact the Educational Support Program at (951) 955-2572. You can access Educational Support Program policies and procedures at WWW.RC-HR.COM/ESP.

RIVERSIDE COUNTY: BEYOND YOUR EXPECTATIONS

THE COUNTY OF RIVERSIDE IS AN EQUAL OPPORTUNITY EMPLOYER

