

EMPLOYMENT APPLICATION

The BAKERSFIELD ARC
2240 SOUTH UNION
BAKERSFIELD, CA 93307

AN EQUAL OPPORTUNITY EMPLOYER
COMMITTED TO DIVERSITY
IN THE WORKPLACE

POSITION OR TYPE OF WORK DESIRED

PERSONAL INFORMATION

NAME	LAST	FIRST	MIDDLE	DATE
PERMANENT ADDRESS (STREET, CITY, STATE, ZIP CODE)				
HOME PHONE NUMBER		CELL PHONE/BUSINESS PHONE		E-MAIL ADDRESS
CALIFORNIA ID NUMBER		DRIVER LICENSE NUMBER		STATE
				CLASS
				MO/YEAR
Is your driver license presently restricted, suspended, or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Have you ever had a DUI <input type="checkbox"/> Yes <input type="checkbox"/> No				
If hired, can you present evidence of your U.S. Citizenship or proof of your legal right to live and work in this country? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you under 18? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been convicted of a felony or misdemeanor? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	If under 18 and still in High School, you may be required to provide a work permit upon hire.	If yes, attach a full written explanation including date, charge, place and action taken.		
		Have you ever been involuntarily terminated or asked to resign from any position of employment? <input type="checkbox"/> Yes <input type="checkbox"/> No		

PLACEMENT INFORMATION

I AM INTERESTED IN THE FOLLOWING:		
1. <input type="checkbox"/> Regular Full Time		
2. <input type="checkbox"/> Part Time		
3. <input type="checkbox"/> Temporary Help		
Are you willing to work shift work? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you currently or have you ever been employed by BARC? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you have relatives currently employed by or attending BARC? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Salary Desired	Date Available	Who or What Referred You To BARC?
Skills: Check what applies to your experience		
<input type="checkbox"/> Keyboard <input type="checkbox"/> WPM <input type="checkbox"/> Data Entry <input type="checkbox"/> MS Word <input type="checkbox"/> MS Excel <input type="checkbox"/> MS Access <input type="checkbox"/> Other languages <input type="checkbox"/> First Aid, Expiration Date _____ <input type="checkbox"/> CPR, Expiration Date _____		

EDUCATION RECORD

Are you a High School Graduate/GED Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Name and Location of School	Major	Degree	GPA

OTHER INFORMATION

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>(Note: A reasonable accommodation is any accommodation that would not place undue hardship on BARC. Undue hardship includes any accommodation that is unduly costly, extensive, or substantial to the particular employer, or would fundamentally alter the nature of the operation of BARC.)</i>
If no, describe the functions that cannot be performed. <i>(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and skill and agility tests.)</i>

EMPLOYMENT HISTORY

LIST ALL EMPLOYERS WITH CURRENT OR MOST RECENT EMPLOYMENT FIRST. LEAVE NO TIME UNACCOUNTED FOR. THIS SECTION MUST BE FULLY COMPLETED EVEN IF YOU SUBMIT A RESUME.

Present/Recent Employer From ____/____ Mo Year To ____/____ Mo Year Monthly Salary \$ _____	Name _____ Address _____ Telephone Number _____	Job Title: _____ Number of employees you supervised: _____ Summary of Duties: _____ _____ Reason for Leaving: _____
Recent employer From ____/____ Mo Year To ____/____ Mo Year Monthly Salary \$ _____	Name _____ Address _____ Telephone Number _____	Job Title: _____ Number of employees you supervised: _____ Summary of Duties: _____ _____ Reason for Leaving: _____
Recent employer From ____/____ Mo Year To ____/____ Mo Year Monthly Salary \$ _____	Name _____ Address _____ Telephone Number _____	Job Title: _____ Number of employees you supervised: _____ Summary of Duties: _____ _____ Reason for Leaving: _____

Please Read Carefully, Initial Each Paragraph, and Sign Below

____ I hereby certify I have not knowingly withheld any information that might adversely affect my chances for employment and the answers given by me are true and correct to the best of my knowledge. I understand any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

____ I hereby authorize BARC to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

____ I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the company. In addition, I understand and agree if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the company, and no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the Company's designated representative.

____ I further agree to submit to a complete medical examination including a drug/alcohol test by a BARC Physician and/or a background investigation when deemed necessary by BARC.

____ I certify I personally completed this application.

Date _____

Signature _____