



NEW ADVANCES FOR PEOPLE WITH DISABILITIES
 3400 N. SILLECT AVE.
 BAKERSFIELD, CA 93308
 OFFICE: (661) 395-1361
 FAX: (661) 634-9638

recruitment@napd-bak.org
www.napd-bak.org

APPLICATION FOR EMPLOYMENT

GENERAL INFORMATION

NAME: LAST		FIRST	MIDDLE	
PRESENT ADDRESS:	CITY	STATE	ZIP	
PERMANENT ADDRESS:	CITY	STATE	ZIP	
PHONE NUMBER(S):		E-MAIL ADDRESS:		

CAN YOU, UPON EMPLOYMENT, SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES? YES NO

ARE YOU 18 YEARS OF AGE OR OLDER? YES NO

HAVE YOU EVER APPLIED AT THIS ORGANIZATION BEFORE? IF YES, WHERE/WHEN: _____ YES NO

ARE YOU CURRENTLY EMPLOYED? YES NO

ARE YOU RELATED TO A NAPD EMPLOYEE BY BLOOD OR MARRIAGE? IF YES, INDICATE NAME AND RELATIONSHIP: _____ YES NO

ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THIS POSITION WITH OR WITHOUT REASONABLE ACCOMODATION? IF NO, EXPLAIN: _____ YES NO

EMPLOYMENT

POSITION DESIRED: _____ DATE AVAILABLE: _____

TYPE OF EMPLOYMENT DESIRED FULL TIME PART TIME

ARE YOU ABLE TO TRAVEL IF REQUIRED BY THIS POSITION? YES NO

HOW DID YOU HEAR ABOUT THIS POSITION? _____

ARE YOU CERTIFIED IN CPR & FIRST AID? IF YES, EXP DATE: _____ YES NO

EDUCATION		<i>ATTACH A COPY OF TRANSCRIPTS, DIPLOMA, DEGREE, AND/OR CERTIFICATES</i>						
NAME & ADDRESS OF SCHOOL		YRS. COMPLETED		DID YOU GRADUATE	SUBJECTS STUDIED DEGREES RECEIVED/GPA			
HIGH SCHOOL		1	2	3	4	Y	N	
COLLEGE		1	2	3	4	Y	N	
POST COLLEGE/GRADUATE		1	2	3	4	Y	N	
OTHER		1	2	3	4	Y	N	
PROFESSIONAL CERTIFICATES AND/OR LICENCES HELD _____								
ARE YOU CURRENTLY TAKING ANY EDUCATIONAL COURSES? <input type="checkbox"/> YES <input type="checkbox"/> NO								
IF YES, WHAT AND WHERE?								
PLEASE LIST OTHER SKILLS WHICH QUALIFY YOU FOR THIS POSITION:								
ARE YOU FLUENT IN ANY LANGUAGE <i>IN ADDITION TO ENGLISH?</i>		IF SO, WHAT LANGUAGE?	SPEAK ✓	READ ✓	WRITE ✓	UNDERSTAND ✓		
YES	NO							
WHAT COMPUTER PROGRAMS AND/OR SOFTWARE CAN YOU OPERATE?								
TYPING: _____ WMP			10-KEY: _____ KPM			OTHER: _____		
WHAT JOB-RELATED MACHINERY CAN YOU OPERATE?								
PERSONAL REFERENCES								
GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU WHOM YOU HAVE KNOWN AT LEAST ONE YEAR								
NAME		PHONE NUMBER		OCCUPATION		YEARS KNOWN		

EMPLOYMENT/ WORK EXPERIENCE

LIST THE LAST FOUR EMPLOYERS STARTING WITH CURRENT OR MOST RECENT

DATE M/Y	COMPANY NAME & ADDRESS	POSITION HELD	REASON FOR LEAVING
FROM	NAME:		
TO	ADDRESS:		
SUPERVISOR'S NAME:		PHONE:	MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>
DUTIES PERFORMED:			

DATE M/Y	COMPANY NAME & ADDRESS	POSITION HELD	REASON FOR LEAVING
FROM	NAME:		
To	ADDRESS:		
SUPERVISOR'S NAME:		PHONE:	MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>
DUTIES PERFORMED:			

DATE M/Y	COMPANY NAME & ADDRESS	POSITION HELD	REASON FOR LEAVING
FROM	NAME:		
TO	ADDRESS:		
SUPERVISOR'S NAME:		PHONE:	MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>
DUTIES PERFORMED:			

DATE M/Y	COMPANY NAME & ADDRESS	POSITION HELD	REASON FOR LEAVING
FROM	NAME:		
TO	ADDRESS:		
SUPERVISOR'S NAME:		PHONE:	MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>
DUTIES PERFORMED:			

EMERGENCY CONTACT INFORMATION

PLEASE LIST PERSON(S) TO BE NOTIFIED IN CASE OF AN EMERGENCY

NAME		TELEPHONE NUMBER:	
ADDRESS:	CITY:	STATE:	ZIP:
NAME:		TELEPHONE NUMBER:	
ADDRESS:	CITY:	STATE:	ZIP:

**DISCLOSURE
INFORMATION**REQUEST, AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION FROM
PREVIOUS EMPLOYER(S) AND RELEASE OF LIABILITY FOR DISCLOSURE OF INFORMATION

I hereby certify that information in this application is true and correct to the best of my knowledge. I understand that to falsify information is grounds for refusing to hire, or dismissal, if hired. I understand that if I am considered for employment by NAPD, I will be required to submit to a post-offer drug testing and to authorize the release of the test results to the agency.

I understand that my Application for Employment will be placed in active status for a period of three months, and I understand that it is my responsibility to notify NAPD of my interest in employment as job openings occur in my area(s) of job interest. I also understand that should I wish to continue being considered for job openings, I must reapply by submitting a new Application for Employment.

I understand that in connection with the application process, the agency may request information from my past employers, educational institutions, personal references and any public or private agencies that have issued me either a professional or vocational certification or license. A photocopy of this signed form may be substituted in lieu of the original. I further understand that all offers of employment are conditional upon receipt of satisfactory responses to reference inquiries.

I grant my employer approval, after my termination of employment to release information which may deem appropriate regarding my employment or termination from the agency, to anyone who has a reasonable basis for making such inquiry. So long as the information disclosed is not known by this agency to be inaccurate, this organization shall not incur legal liability of any nature in connection with the furnishing of such information.

I understand that this application is not to be confused as a guarantee of employment for a specific time. My continued employment is dependent on satisfactory performance and the continued need for my services as determined by this agency. I further understand and agree that my employment may be terminated at any time with or without notice, for any reason regardless of the date of employment.

Signature of Applicant_____
Date