# **EMPLOYMENT APPLICATION**

BAKERSFIELD ARC 2240 SOUTH UNION BAKERSFIELD, CA 93307

Rev: 07/15

AN EQUAL OPPORTUNITY EMPLOYER
COMMITTED TO DIVERSITY
IN THE WORKPLACE

		POSITION OR TY	YPE OF WORK DESIRE	ED			
		PERSONA	L INFORMATION				
NAME LAST	F	IRST	ST MIDDLE		DATE		
PERMANENT ADDRESS	(STREET,	CITY, STATE, ZIP	CODE)				
HOME PHONE NUMBER	C	ELL PHONE/BUS	SINESS PHONE				
CALIFORNIA ID NUMBEF	₹	DRIVER LICEN	SE NUMBER		STATE	CLASS	MO/YEAR
If hired, can you present evidence of your U.S. Citizenship or proof of your legal right to live and work in this country? Yes No  I AM INTERESTED IN TH 1 Regular Full Tin 2 Part Time 3 Temporary Help	YesNo If under 18 and still in High School, you may b required to provide a work permit upon hire.	Have you ever employment?	been involuntarily term		ed to resig	in from any po Yes	osition of No
Are you currently or have	hift work?Yes e you ever been employer rrently employed by or at Date Available	d by BARC?ttending BARC? _ Who or What R	YesNo				
Keyboard	WPMData	EntryMS				Other lang	uages
		EDUCA <sup>-</sup>	TION RECORD				
	Are you a High School	ol Graduate/GED (	Graduate?	Y	esNo		
Name and Location of So	chool				Major	Degree	GPA
		OTHER	INFORMATION				
Are you able to perform t	the essential functions of	f the job for which	n you are applying, eith	ner with or wit	hout reaso	nable accom	modation?
•	ommodation is any accor anduly costly, extensive,		-	•		•	-
If no, describe the function that may be necessary for examination, and skill are	or eligible applicants/emp	•					

# **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 Name Address Telephone Number

Employer	Name	Address	reiepnone Number
From /	Job Title:		Number of employees you supervised:
Mo Year	Summary of Duties:		
To/			
Mo Year			
	Reason for Leaving:		
	Name	Address	Telephone Number
Recent employer			
	Job Title:		Number of employees you supervised:
From/			
Mo Year	Summary of Duties:		
To/			
Mo Year			
	Reason for Leaving:		
	Name	Address	Telephone Number
Recent employer			
	Job Title:		Number of employees you supervised:
From/			
Mo Year	Summary of Duties:		
To/			
Mo Year			
	Reason for Leaving:		
Please Read Carefully	, Initial Each Paragraph, and Sig	gn Below	
•		_	ect my chances for employment and the answers given by me are true and
correct to the best of	my knowledge. I understand any	y omission or misstatement of material f	act on this application or on any document used to secure employment
shall be grounds for re	ejection of this application or fo	or immediate discharge if I am employed.	regardless of the time elapsed before discovery.
I hereby authori	ize BARC to thoroughly investig	jate my references, work record, education	on and other matters related to my suitability for employment and, further, authorize the referenc
I have listed to disclos	se to the company any and all le	tters, reports and other information rela	ted to my work records, without giving me prior notice of such disclosure. In addition, I hereby
release the company,	my former employers and all ot	her persons, corporations, partnerships	and associations from any and all claims, demands or liabilities arising out of or in any way rela
to such investigation	or disclosure.		
I understand the	at nothing contained in the appl	lication, or conveyed during any intervie	w 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 r	notice, at the option of either my	self or the company, and no promises o	or representations contrary to the foregoing are binding on the company unless made in writing
and signed by me and	I the Company's designated rep	resentative.	
I further agree t	o submit to a complete medical	examination including a drug/alcohol te	st by a BARC Physician and/or a background investigation when deemed necessary by BARC.
I certify I persor	nally completed this application		
Date		Signature	Re

# **BAKERSFIELD ARC**

# VOLUNTARY IDENTIFICATION INFORMATION FOR PRE-EMPLOYMENT

# PLEASE PRINT

Name:				
	(Last)	(First)	(Initial)	Preferred Name and Pronouns
(includes orientatio disability, laws. It al	pregnancy, childbirth, bre n, marital status, registere mental disability, medical	astfeeding and medical d domestic partner statu condition, genetic information based on the	conditions related to pregnancy s, religion, religious dress practic mation, military and veteran stat perception that anyone has an	ion, and terminations are considered without regard to race, color, sex, childbirth and breastfeeding) gender identity and expression, sexual e and religious grooming practice, national origin, ancestry, age, physical us or any other consideration made unlawful by federal, state, or local of those characteristics, or is associated with a person who has or is
BARC is co		nent and advancement o	f qualified minorities and female	s. If you fall into one or more of these classifications, we invite you to
_			· ·	eeping in compliance with federal regulations. This information will be rill help in developing and monitoring our affirmative action programs.
Information opportuni		n the strictest confidence	e. However, if you choose not t	o respond, this will not affect the decision regarding your employment
Gender:	Male	Female	Non-Binary or G	ender Non-Conforming
RACE/ETH	INICITY:			
	Hispanic or Latino White, not Hispanic or La Black or African American Native Hawaiian or Other	n, not Hispanic or Latino	panic or Latino	Asian, not Hispanic or Latino American Indian or Alaska Native, not Hispanic or Latino Two or more races, not Hispanic or Latino
MILITARY	STATUS:			
more, or	retired pay would be ent (B) rated at 10 or 20 perce	itled to compensation) unt in the case of a veteral	nder laws administered by the D	air service who is entitled to compensation (or who but for the receipt epartment of Veterans' Affairs for a disability (A) rated at 30 percent or expection 38 U.S. C. 3106 to have a serious employment handicap or (ii) ability.
Vietnam lactive dut	who was discharged or re between February 28, 196 by in the U.S. military grou	leased there from with o 1, and May 7, 1975; or ( und naval or air service	ther than a dishonorable dischar B) between August 5, 1964, and	U.S. military, ground, naval or air service for a period of more than 180 ge, if any part of such active duty was performed: (A) in the Republic of May 7, 1975, in all other cases, or (ii)was discharged or released from y if any part of such active duty was performed (A) in the Republic of ay 7, 1975, in any other location.
 beginning	Recently Separated Veter on the data of such vetera		· · · · · · · · · · · · · · · · · · ·	he U.S. military, ground naval or air service during the one-year period
	for which a campaign b	adge has been authorize	d. For those with Internet acces	. military, ground naval or air service during a war or in a campaign or s the information required to make this determination is available at: y calling (301) 306-6752 and requesting a copy of the list be mailed to
	Cignoture			Data
DEFEDRA	Signature			Date
KEFEKKAI	L: (Mark all applicable)			
	Walk – in			Employee ReferralSchool (Specify)
	Employment Agency State Job Service			Other (Specify)
	Advertisement			Recruitment
	Position applied for:			

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