Application for Employment

Supervisor's Name and Title:

Reason for leaving:



Bakersfield Condors

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Please Print Date of Application: PERSONAL INFORMATION Last Name First Name Middle Address City State Zip Home Phone: Cell Phone: Email: Social Security Number: Are you a U.S. Citizen? []Yes [] No Have you ever been convicted of a felony? []Yes [] No If selected for employment are you willing to submit to a pre-employment drug screening test? [] Yes [] No If you are under 18, and it is required, can you furnish a work permit? [] Yes [] No If no, please explain: Have you ever been employed here before? []Yes [] No If yes, give dates and positions: Date available for work: Position you are applying for: Type of employment desired: [] Full-Time [] Part-Time [] Temporary [] Seasonal [] Educational Co-Op Are you able to meet the attendance requirements of the position? []Yes [] No **EMPLOYMENT HISTORY** Provide the following information of your past three (3) employers, assignments or volunteer activities, starting with the most recent Employer: Dates Employed: Work Phone: Pay Rate: Address: Position: Duties Performed: Supervisor's Name and Title: May we contact them? []Yes []No Reason for leaving: Employer: Dates Employed: Work Phone: Address: Position: Duties Performed: Supervisor's Name and Title: May we contact them? []Yes [] No Reason for leaving: Employer: Dates Employed: Work Phone: Pay Rate: Address: Position: Duties Performed:

May we contact them?

[]Yes

[] No

| SKILLS AND QUALIFICATIONS | | | | |
|---|--|---------------------------------|-------------------------------------|-----------------|
| Summarize any training, skills, or experie | | able to perform job-related i | functions in the position | |
| of which you are applying | | | | |
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| EDUCATION | | | | |
| School Name | Location | Years Attended | Degree Received | Major |
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| REFERENCES | | 81 LATE 1284 | | |
| Name | Title | sal dinastricia di le il santro | Company | Phone |
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| Analisant Statement | MATERIAL STATES | | | |
| Applicant Statement | | | | |
| I certify that all information I have provide | ded in order to apply for and secure | work with the employer is tr | ue, complete and correct. | × |
| I understand that any information provid | ded by me that is found to be false, | incomplete or misrepresente | d in any respect, will be sufficien | t cause to |
| (i) cancel further consideration of this ap | oplication, or (ii)immediately dischar | rge me from the employer's s | ervice. | , |
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| I expressly authorize, without reservation (personal and professional), employers, | | . , | | |
| information provided by me in this appli | | | | |
| its agents, employees or representatives | | | | |
| corporations or organizations for furnish | | | , mem process and an other per | , |
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| I understand that the employer does not | | | | ose of limiting |
| or excusing any applicant from considera | ation for employment on a basis pro | phibited by applicable local, s | tate or federal law | |
| If I am hired, I understand that I am free | to resign at any time, with or witho | out cause and without prior n | otice, and the employer reserves | the same |
| right to terminate my employment at an | y time, with or without prior notice | ., except as may be required | by law. This application does not | constitute |
| an agreement or contract for employme | nt for any specified period or defini | te duration. I understand tha | t no supervisor or representative | of the employer |
| is authorized to make any assurances to | the contrary and that no implied, o | ral, or written agreements co | entrary to the foregoing express l | anguage are |
| valid unless they are in writing and signe | d by the employer's president. | | | |
| I also understand that if I am hired, I will | he required to provide proof of ide | ntity and legal authority to " | ark in the United States and that | federal |
| immigration laws require me to complet | | ntity and legal authority to w | ork in the officed States and that | rederal |
| g.ester ione to quite me to complete | e an i a rom in and regard | 301 | | |
| DO NOT SIGN UNTIL YOU HA | VE READ THE ABOVE API | PLICANT STATEMENT | • | |
| I CERTIFY THAT I HAVE READ, FULLY UNI | DERSTAND AND ACCEPT ALL TERMS | OF THE FOREGOING APPLIC | ANT STATEMENT | |
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| Signature of Applicant | | | Date | |