





## EMPLOYMENT APPLICATION

**Northern California Center for Developmental Disabilities, Inc.**  
 PO Box 146 Ukiah Ca. 95482 Phone: ( 530) 635-5976 Fax: ( 480) 287-8265

### FORMER EMPLOYERS (List below the last two employers, starting with the most recent one)

Name of present or last employer:			
Address:	City:	State:	Zip:
Starting date:	Leaving date:	Job title:	
Starting salary:	Ending salary:	May we contact your supervisor? Yes                  No	
Name of supervisor:	Title:	Phone:	
Description of work:			
Reason for leaving:			

Name of previous employer:			
Address:	City:	State:	Zip:
Starting date:	Leaving date:	Job title:	
Starting salary:	Ending salary:	May we contact your supervisor? Yes                  No	
Name of supervisor:	Title:	Phone:	
Description of work:			
Reason for leaving:			

### REFERENCES :

(Give the names of three persons we can contact that are not related and you have known at least three years.)

	Name	Address	Phone	Yrs. Known
1				
2				
3				



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## CRIMINAL BACKGROUND CHECK

For safety and security, NCD fingerprints, drug screens and background checks *all* Employees. We are an equal opportunity employer, dedicated to a policy of non-discrimination or harassment in employment on any basis, including sex, sexual orientation, race, color, ancestry, religious creed, national origin, age, marital status, medical condition.

Have you ever been convicted of a felony or misdemeanor?	Yes	No
If yes please explain. (Will not necessarily exclude you from consideration).		

NCD is an “employment-at-will” employer. This means that both employee and NCD have the right to terminate employment at anytime, with or without advance notice, and with or without cause. No employee has a guarantee of continued employment for any particular or indefinite period of time.

## AUTHORIZATION AND RELEASE OF LIABILITY

By submitting this application for employment I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that false statements made on this application are grounds for immediate dismissal. Submission of this application in no way obligates either myself or “the company” (NCD), to any relationship whatsoever.

I authorize the investigation of all statements contained herein. I also authorize the references and employers listed to provide the company with any and all information the company may deem necessary to evaluate my capabilities and qualifications for the position to which I am applying. I also authorize the company to investigate my relationship with said references and employers, both past and present. I hold harmless the company for any and all information those employers and references may disclose, personal or otherwise and release the company from any and all liability for damages that may result from the gathering and/or utilization of such information. I understand that the company maintains a mandatory policy of a drug and alcohol free workplace, including field work, and agree to abide by all company policies, practices and procedures, including times when I am ‘on-call’.

I also understand and agree that no representative of the company has authorization to enter into any agreements for employment for any specified period of time, and/or to make any agreement contrary to the forgoing, unless it is in writing and it is signed by an authorized company representative.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**NOTICE:**

*You can not save changes to this form. Before you close, please print a copy for your records.*

**FAX: ( 480) 287-8265**  
**MAIL: NCD PO Box 146**  
**Ukiah CA 95482**  
**Scan and Email to: [bwhite@ncd4dd.com](mailto:bwhite@ncd4dd.com)**