



APPLICATION FOR EMPLOYMENT

NCD Is An Equal Opportunity Employer

To be considered for employment at NCD please fill in this form completely. If you cannot respond to an item, please explain your reason for not responding. An incomplete application is not considered an application for employment with us. Please print clearly. Qualified persons are considered for employment without regard to race, color, religion, creed, gender national origin, age, marital or veteran status, sexual orientation, gender identity, or the presence of handicaps or disabilities.

Today's Date: _____

PERSONAL INFORMATION

Name (Last Name First)			Social Security No.	
Present Address	Apt. #	City	State	Zip
Are you 18 years or older? () Yes () No	Telephone:	Alternate Telephone		

DESIRED EMPLOYMENT

Position	Date you can start	Salary desired
Are you currently employed? () Yes () No	If so may we inquire of your present employer? () Yes () No	
Applying for: () Full-time () Part-time time Days and Hours available to work: _____ Available to work: () Evenings () Weekends () Overtime Why are you applying for work at NCD? _____ Do you have any friends or relatives working for NCD? __Yes __No If yes, who? _____ Available to work overtime? __Yes __No If hired, when can you start? _____		
Ever applied/Worked for NCD? () Yes () No	Where?	When?
Reason for leaving?		
Who referred you to NCD? () On-Line Search () Newspaper Advertising () Friend () State Employment Office () College Placement () Walk in () Other		

EDUCATION

School Level	Name and location	No. of years	Did you graduate?	Subjects studied
High School				
College				
Trade, Business, Correspondence school				



Northern California Center for Developmental Disabilities, Inc.

GENERAL

Special training
Special skills

FORMER EMPLOYERS - list below the last four employers, starting with the most recent

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 next 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:			

Name of next 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:			



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REFERENCES – list three persons not related to you who have knowledge of your work performance within the last four years.

Name	Phone	Business	Years Acquainted
1			
2			
3			

CRIMINAL CHECK (Please note: NCD fingerprints employees)

Have you ever been convicted of a felony and/or misdemeanor? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes please explain (will not necessarily exclude you from consideration).

Do you have reliable transportation? ___ Yes ___ No

If yes, then do you have proof of insurance? ___ Yes ___ No

Please read carefully, acknowledge each paragraph by initialing, and sign below.

_____ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances
 Initials for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that 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 for immediate discharge if I am employed, regardless of the time elapsed before discovery.

_____ I hereby authorize NCD to thoroughly investigate my references, work records, education, and other matters
 Initials related to my suitability for employment and, further, authorize the references I have listed to disclose to NCD 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 NCD, 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 that may be granted
 Initials or during my employment, if hired, is intended to create an employment contract between me and NCD. In addition, I understand and agree that if I am employed, my employment at NCD is employment at-will and 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 NCD, and that no promises or representations contrary to the foregoing are binding on NCD unless made in writing and signed by me and NCD's designated representative.

_____ Should a search of public records (including records documenting an arrest, indictment, conviction, or civil
 Initials judicial action, tax lien or outstanding judgment) be conducted by internal personnel employed by NCD, I am entitled to copies of any such public records obtained by NCD unless I mark the check box below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below.

_____ I waive receipt of a copy of any public record described in the paragraph above.
 Initials

Applicant's Signature

Date