



Alzheimer's Disease Association of Kern County, Inc. (ADAKC)
 4203 Buena Vista Rd.
 Bakersfield, CA. 93311
 Office: (661) 665-8871
 Fax: (661) 665-7690

APPLICATION FOR EMPLOYMENT

Provide all information requested by printing in black ink only

GENERAL INFORMATION

Name (Last)	(First)	(Middle Initial)	Home Telephone
Address (Mailing Address)	(City)	(State)	(Zip) Other Telephone
E-Mail Address	If Hired, can you present evidence of your U.S. citizenship or proof of your legal rights to live and work in this country? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Driver's License Number	State:	Expiration Date:	
Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No			

POSITION

Position or Type of Employment Desired:	Will Accept: <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time <input type="checkbox"/> Temporary	Shift: <input type="checkbox"/> Day <input type="checkbox"/> Swing <input type="checkbox"/> Graveyard <input type="checkbox"/> Rotating
Are you able to perform the essential functions of the job you are applying for, with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Salary Desired:	Date Available:	
Have you ever applied to or worked for Alzheimer's Association of Kern County, Inc. (ADAKC) before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?	Do you have any friends or relatives working for ADAKC? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state name(s) and relationship:	

EDUCATION AND TRAINING

High School Graduate or General Education (GED) <input type="checkbox"/> Yes <input type="checkbox"/> No If no, list the highest grade completed.						
College, Business School, Military, Vocational Training (most recent first)						
Name and Location	Dates Attended Month / Year	Credits Earned		Graduate	Degree & Year	Major or Subject
		Quarterly or Semester Hours	Other (Specify)			
	From: To:			<input type="checkbox"/> Yes <input type="checkbox"/> No		
	From: To:			<input type="checkbox"/> Yes <input type="checkbox"/> No		
	From: To:			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Occupational License, Certificate or registration		Number	Where Issued		Expiration Date	
Do You Read, Write, Speak fluently any languages other than English? <input type="checkbox"/> Yes <input type="checkbox"/> No						

Veteran Information (Most recent)

Branch of Service	Date of Entry	Date of Discharge
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Special Skills (list all pertinent and equipment that you can operate)

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Work Experience (Most Recent First) (Include voluntary and military experience)

Employer	Telephone Number	From (Month/Year)
Address		To (Month/ Year)
Job Title	Number Employees Supervised	Hours Per Week
		Supervisor Name
		Supervisor Contact
Specific Duties		
Reason for leaving	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer	Telephone Number	From (Month/Year)
Address		To (Month/ Year)
Job Title	Number Employees Supervised	Hours Per Week
		Supervisor Name
		Supervisor Contact
Specific Duties		
Reason for leaving	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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Address		To (Month/ Year)
Job Title	Number Employees Supervised	Hours Per Week
		Supervisor Name
		Supervisor Contact
Specific Duties		
Reason for leaving	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Reference List (please list three or former supervisors or managers who have knowledge of your work performance within the last three years)

Name 1.	Company	Title	Phone
Name 2.	Company	Title	Phone
Name 3.	Company	Title	Phone

Please Read Carefully, Initial Each Paragraph and Sign Below

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

_____ I hereby authorize the Alzheimer’s Disease Association of Kern County, Inc. (ADAKC) to thoroughly investigate my references, work record, education
Initials and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company 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 the company, my former employers and all other persons, corporation, 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 which may be granted or during my employment, if hired, is
Initials intended to create an employment contract between the company and me. In addition, I understand and agree that if I am employed, my employment 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 the company. I further acknowledge that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and a company designated representative.

_____ Should a search of public records (including records documenting an arrest, indictment, conviction, Civil judicial action, tax lien or outstanding
Initials judgement) be conducted by internal personnel employed by the Alzheimer’s Disease Association of Kern County, Inc. (ADAKC), I am entitled to copies of any such public records obtained by them 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.

I certify the information contained in this application is true, correct, and complete. I understand that, if employed, false statements reported on this application may be considered sufficient cause for dismissal.

Signature of Applicant _____ **Date** _____