



**Community Action Partnership of Kern**

5005 Business Park North

Bakersfield, CA 93309

TEL: (661) 336-5236

FAX: (661) 336-5282

www.capk.org

jobs@capk.org

**APPLICATION FOR EMPLOYMENT**

<b>GENERAL INFORMATION</b>	<i>IMPORTANT: APPLICATIONS ARE PART OF THE HIRING PROCESS AND MUST BE FILLED OUT COMPLETELY IN ORDER TO BE ACCEPTED FOR CONSIDERATION.</i>
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NAME: LAST, FIRST, MI \_\_\_\_\_

DAYTIME PHONE _____	EVENING/MESSAGE PHONE _____	E-MAIL ADDRESS _____
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PRESENT STREET ADDRESS _____	CITY _____	STATE _____	ZIP _____
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CAN YOU, UPON EMPLOYMENT, SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES?       YES    NO

ARE YOU 18 YEARS OF AGE OR OLDER?       YES    NO

ARE YOU NOW EMPLOYED BY THE AGENCY?       YES    NO  
IF YES, POSITION: \_\_\_\_\_

HAVE YOU EVER BEEN EMPLOYED BY THE AGENCY?       YES    NO  
IF YES, GIVE POSITION/DATES: \_\_\_\_\_

ARE YOU NOW OR HAVE YOU EVER BEEN A HEAD START PARENT SERVED BY THIS AGENCY?       YES (  CURRENT    FORMER )    NO

ARE ANY PERSONS NOW EMPLOYED BY THE AGENCY RELATED TO YOU BY BLOOD OR MARRIAGE?       YES    NO  
IF YES, SPECIFY NAME/RELATIONSHIP: \_\_\_\_\_

CAN YOU PERFORM THE ESSENTIAL FUNCTIONS OF THIS POSITION WITH OR WITHOUT REASONABLE ACCOMODATION?       YES    NO  
IF NO, EXPLAIN: \_\_\_\_\_

DO YOU HAVE A VALID DRIVER'S LICENSE?       YES    NO

<b>EMPLOYMENT DESIRED</b>	<i>A SEPARATE APPLICATION MUST BE SUBMITTED FOR EACH POSITION IN WHICH YOU ARE INTERESTED</i>
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TYPE OF EMPLOYMENT DESIRED <input type="checkbox"/> REGULAR <input type="checkbox"/> SUBSTITUTE	DATE AVAILABLE _____	POSITION DESIRED _____
CAN YOU WORK OVERTIME WHEN REQUIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO	CAN YOU TRAVEL IF REQUIRED BY THIS POSITION? <input type="checkbox"/> YES <input type="checkbox"/> NO	

**PLEASE INDICATE ALL AREAS YOU ARE WILLING TO ACCEPT INITIAL EMPLOYMENT IN BY CHECKING ALL BOXES THAT APPLY**

BAKERSFIELD    ARVIN    CALIFORNIA CITY    DELANO    LAMONT    LOST HILLS    McFARLAND  
 MOJAVE    RIDGECREST    ROSAMOND    SHAFTER    TAFT    TEHACHAPI    WASCO    STOCKTON    ADELANTO  
 BIG BEAR    CRESTLINE    MADERA    HANFORD    MERCED    FRESNO    VISALIA    LODI    TRACY    MANTECA    RIPON

**The Promise of Community Action**

Community Action changes people's lives, embodies the spirit of hope, improves communities and makes America a better place to live. We care about the entire community, and we are dedicated to helping people help themselves and each other.

**EMPLOYMENT HISTORY**

*A RESUME MAY BE ATTACHED BUT **WILL NOT BE ACCEPTED** AS A SUBSTITUTE FOR COMPLETING THIS SECTION*

- GIVE COMPLETE INFORMATION FOR JOBS HELD DURING THE PAST 15 YEARS, ATTACH ADDITIONAL SHEETS IF NEEDED
- IF YOU WERE EMPLOYED UNDER ANOTHER NAME, PLEASE INDICATE IN "REASON FOR LEAVING" SECTION
- VERIFIABLE VOLUNTEER EXPERIENCE MAY BE CONSIDERED IF JOB RELATED

**SHOW YOUR PRESENT OR MOST RECENT JOB FIRST**

<b>COMPANY NAME</b>	ADDRESS	TELEPHONE
POSITION HELD	EMPLOYMENT DATES	
	FROM:	TO:
DESCRIBE YOUR DUTIES		
REASON FOR LEAVING	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	SUPERVISOR'S NAME

<b>COMPANY NAME</b>	ADDRESS	TELEPHONE
POSITION HELD	EMPLOYMENT DATES	
	FROM:	TO:
DESCRIBE YOUR DUTIES		
REASON FOR LEAVING	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	SUPERVISOR'S NAME

<b>COMPANY NAME</b>	ADDRESS	TELEPHONE
POSITION HELD	EMPLOYMENT DATES	
	FROM:	TO:
DESCRIBE YOUR DUTIES		
REASON FOR LEAVING	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	SUPERVISOR'S NAME

<b>COMPANY NAME</b>	ADDRESS	TELEPHONE
POSITION HELD	EMPLOYMENT DATES	
	FROM:	TO:
DESCRIBE YOUR DUTIES		
REASON FOR LEAVING	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	SUPERVISOR'S NAME

<b>COMPANY NAME</b>	ADDRESS	TELEPHONE
POSITION HELD	EMPLOYMENT DATES	
	FROM:	TO:
DESCRIBE YOUR DUTIES		
REASON FOR LEAVING	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	SUPERVISOR'S NAME



<b>EMERGENCY CONTACT INFORMATION</b>		<i>PLEASE LIST PERSON(S) TO BE NOTIFIED IN CASE OF EMERGENCY</i>	
NAME		TELEPHONE NUMBER	
ADDRESS	CITY	STATE	ZIP
NAME		TELEPHONE NUMBER	
ADDRESS	CITY	STATE	ZIP

<b>EQUAL OPPORTUNITY EMPLOYER</b>	<i>COMMUNITY ACTION PARTNERSHIP OF KERN IS AN EQUAL OPPORTUNITY EMPLOYER</i>
<p>Community Action Partnership of Kern is a private non-profit corporation. The Agency shall not discriminate in its hiring and personnel procedures against any applicant for employment or any employee because of race, color, religion, national origin, ancestry, sex, age, sexual orientation, pregnancy, or physical or mental disability.</p> <p>Candidates for interviews will be considered through an evaluation of their applications. Therefore, applicants are encouraged to attach resumes and/or other information that will assist the Agency in the evaluation of the applicant's qualifications. Education and/or experience will be considered only as it most directly relates to the position for which the applicant is applying. Newly hired employees will be required to take a physical examination and will be required to provide proof of authorization to work in the United States.</p>	

<b>DISCLOSURE INFORMATION</b>	<i>REQUEST, AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION FROM PREVIOUS EMPLOYER(S) AND RELEASE OF LIABILITY FOR DISCLOSURE OF INFORMATION</i>
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I understand that in connection with the application process, the Agency may request information from my past employers, educational institutions, personal references and any public or private agencies that have issued me either a professional or vocational certification or license. I hereby certify that the information contained in my application form is true and correct to the best of my knowledge and agree to have any information verified by the Agency unless I have indicated to the contrary. I agree to execute any additional authorizations that the Agency may be required by law to have in order to complete the verification process. I authorize the references listed in my application, as well as all other individuals whom the Agency contacts, to provide the Agency with any and all information concerning my previous employment and any other pertinent information they may have. Further, I release all parties and persons from any and all liability for any damages that may result from furnishing information to the Agency. A photocopy of this signed form may be substituted in lieu of the original. I understand that any misrepresentation, falsification or material omission of information on my employment application may result in failure to receive an offer or, if I am hired, my dismissal from employment. I also understand that all offers of employment are conditional upon receipt of satisfactory responses to reference inquiries.

I FURTHER AGREE THAT THE AGENCY MAY TERMINATE MY EMPLOYMENT AT ANY TIME, WITH OR WITHOUT NOTICE, FOR ANY REASON, AND THAT NO AGREEMENT TO THE CONTRARY WILL BE RECOGNIZED BY THE AGENCY UNLESS SUCH AGREEMENT IS IN WRITING AND SIGNED BY THE CHAIRPERSON OF THE BOARD OF DIRECTORS OF THE AGENCY.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

**VOLUNTARY AFFIRMATIVE ACTION INFORMATION**

**THIS FORM IS TO BE COMPLETED AND TURNED IN WITH APPLICATION**

SOCIAL SECURITY: \_\_\_\_\_ POSITION APPLIED FOR: \_\_\_\_\_ DATE: \_\_\_\_\_

THIS AGENCY IS ASKING APPLICANTS TO COMPLETE THIS FORM IN ORDER TO COMPLY WITH UNITED STATES GOVERNMENT EQUAL OPPORTUNITY REQUIREMENTS. THIS INFORMATION IS SOLICITED ON A VOLUNTARY BASIS AND HAS NO BEARING ON YOUR APPLICATION, ELIGIBILITY OR SELECTION. INFORMATION THAT YOU PROVIDE WILL BE KEPT CONFIDENTIAL AND WILL BE USED ONLY IN ACCORDANCE WITH STATE AND FEDERAL REGULATIONS.

*DECLINE TO COMPLETE*

**ETHNIC IDENTIFICATION\***

- AMERICAN INDIAN/ALASKAN NATIVE
- ASIAN/PACIFIC ISLANDER
- BLACK
- FILIPINO
- HISPANIC
- WHITE

**GENDER**

- MALE
- FEMALE

**VETERAN STATUS**

*ARE YOU A VIETNAM VETERAN?*

- YES
- NO

**DISABILITY**

- VISUAL
- HEARING
- SPEECH
- PHYSICAL
- DEVELOPMENTAL DISABILITY
- OTHER (SPECIFY) \_\_\_\_\_

**HOW DID YOU LEARN ABOUT THIS JOB**

**OPENING?**

- FROM A NEWSPAPER (SPECIFY): \_\_\_\_\_

- AGENCY INTERNET SITE
- IN-HOUSE RECRUITMENT
- WALK-IN
- EMPLOYMENT/HUMAN SERVICES AGENCY (SPECIFY): \_\_\_\_\_

- COLLEGE OR TRADE SCHOOL (SPECIFY): \_\_\_\_\_

- OTHER

**\* DEFINITIONS**

**AMERICAN INDIAN/ALASKAN NATIVE:**

ALL PERSONS HAVING ORIGINS IN ANY OF THE ORIGINAL PEOPLES OF NORTH AMERICA, AND WHO MAINTAIN CULTURAL IDENTIFICATION THROUGH TRIBAL IDENTITY.

**ASIAN/PACIFIC ISLANDERS:**

ALL PERSONS HAVING ORIGINS IN ANY OF THE ORIGINAL PEOPLES OF THE FAR EAST, SOUTHEAST ASIA, THE INDIAN SUBCONTINENT OR THE PACIFIC ISLANDS.

**BLACK:**

ALL PERSONS HAVING ORIGIN OF THE BLACK RACIAL GROUPS OF AFRICA, NOT OF HISPANIC ORIGIN.

**FILIPINO:**

ALL PERSONS HAVING ORIGIN IN ANY OF THE FILIPINO ISLANDS.

**HISPANIC:**

ALL PERSONS OF MEXICAN, PUERTO RICAN, CENTRAL OR SOUTHERN AMERICAN, OR OTHER SPANISH CULTURE OR ORIGIN, REGARDLESS OF RACE.

**WHITE:**

ALL PERSONS HAVING ORIGINS IN ANY OF THE ORIGINAL PEOPLES OF EUROPE, NORTH AFRICA, OR THE MIDDLE EAST, NOT OF HISPANIC ORIGIN.

**VISUAL DISABILITIES:**

PERSONS WHO ARE LEGALLY BLIND IN ONE OR BOTH EYES AND WHOSE VISUAL ACUITY EXAM AFTER CORRECTION (EYE GLASSES OR CONTACT LENSES) IS 20/200 VISUAL ACUITY OR RESTRICTED IN THE VISUAL FIELD TO 20 DEGREES.

**HEARING DISABILITIES:**

PERSONS WITH ACUTE DEAFNESS OR INABILITY TO HEAR A NORMAL CONVERSATION AND/OR USE A TELEPHONE WITHOUT THE AID OF AN ASSISTIVE DEVICE.

**SPEECH DISABILITIES:**

PERSONS WITH SPEECH IMPAIRMENTS WHEN SPEECH IS UNINTELLIGIBLE IN NORMAL CONVERSATIONS.

**PHYSICAL DISABILITIES:**

PERSONS WITH ORTHOPEDIC IMPAIRMENTS, AMPUTATIONS OR FUNCTIONAL LIMITATIONS OF THEIRS (E.G.) LOSS OR SIGNIFICANT IMPAIRMENT OF ONE OR BOTH EXTREMITIES; LOSS OR SIGNIFICANT IMPAIRMENT OF ONE OR BOTH MAJOR UPPER EXTREMITIES; AND IMPAIRMENT OF THE TRUNK, BACK OR SPINE WHEN THERE IS A MEDICALLY DIAGNOSED DISABILITY WHICH SUBSTANTIALLY LIMITS ONE OR MORE MAJOR LIFE ACTIVITIES.

**DEVELOPMENTAL DISABILITIES:**

PERSONS WHO MEET THE LEGAL DEFINITION OR HAVE BEEN IDENTIFIED AS DEVELOPMENTALLY DISABLED. THIS INCLUDES AUTISM, CEREBRAL PALSY, EPILEPSY, MENTAL RETARDATION AND OTHER NEUROLOGICAL IMPAIRMENTS.