

WE ARE AN EQUAL
OPPORTUNITY
EMPLOYER

The Bakersfield Californian

Date of application

Employment Application

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, sexual orientation, physical or mental disability, medical condition or any other legally protected status.

A resume may be submitted, but will not be accepted in lieu of any part of this application.

Position(s) applied for:

Last Name First Name Middle Name

Address: Number Street City State Zip Code

Telephone numbers: Day: Night:

How did you learn about us?

Advertisement Employment Agency Friend Relative Walk-In Online

Other

Have you ever been employed with us before? Yes No If yes, give date(s)

List any friends or relatives working for us

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status? Yes No

On what date would you be available for work?

Are you available to work: Full time Part time Shift work Temporary

Are you currently on "layoff" status and subject to recall? Yes No

Have you ever been refused a bond? Yes No

Have you ever been convicted of a felony at any time, or of a misdemeanor within the last ten years? Yes No
(A conviction will not necessarily disqualify an applicant from employment)

If yes, please state the location, date of the conviction, and the crime(s) for which you were convicted:

Can you travel if the job requires it? Yes No

Do you currently possess a valid driver's license? Yes No

State issued Driver's license number: Exp. date

Can you, with or without reasonable accommodations, perform the essential functions of the job for which you are applying?

Yes No

If no, what adjustments need to be made?

REFERENCES

Give the name, address and telephone numbers of three references who are not related to you and not previous employers.

1. _____
2. _____
3. _____

PRE-EMPLOYMENT CERTIFICATION

initial I certify that the answers given in this application are true and complete to the best of my knowledge. I understand that all statements contained in this application may be investigated. I further understand that falsification, misrepresentation or omission of facts in this application will result in removal of my application from consideration, or, if hired, immediate termination from employment.

initial I understand that this application will only be considered for a 6 month period of time. I understand that if I wish to be considered after 6 months from the date of this application, I must reapply for employment.

initial If employed by *The Bakersfield Californian*, I agree to abide by Company policies and rules.

initial If I am offered employment, I understand and agree that I will be required to pass a pre-employment physical examination, which will include an alcohol and drug test, and a background investigation. I further understand that *The Bakersfield Californian* has a Drug and Alcohol Policy, which requires employees to undergo a drug and/or alcohol test when reasonable suspicion for such testing exists. I understand and agree that if I violate any portion of the Drug and Alcohol Policy, I will be subject to disciplinary action up to, and including termination.

initial I agree and understand that if I am offered a position with *The Bakersfield Californian*, my employment will be at will and for no definite period, and I have no express or implied contractual rights to continue employment with *The Bakersfield Californian*. I understand that just as I have the right to terminate my employment at any time, for any or no reason, with or without notice or cause, *The Bakersfield Californian* also has the right to terminate my employment at any time, for any or no reason, with or without notice or cause.

initial I understand that I must present documentable evidence of authorization to legally work in the United States consistent with the provisions of the Immigration Reform Act of 1986.

initial My signature below certifies that I have read, understood and agree to the foregoing.

Name (please print)

Date

Signature

EDUCATION

High School

School name: _____

Location: _____

Years completed: 9 10 11 12 Diploma/Degree awarded? Yes No

Describe any specialized training, apprenticeship, skills and extra curricular activities. _____

Describe any honors received: _____

Undergraduate College/University

School name: _____

Location: _____

Years completed: 1 2 3 4 Diploma/Degree awarded? Yes No

Major: _____ Type of Degree: _____

Describe any specialized training, apprenticeship, skills and extra curricular activities. _____

Describe any honors received: _____

Graduate/Professional

School name: _____

Location: _____

Years completed: 1 2 3 4 Diploma/Degree awarded? Yes No

Major: _____ Type of Degree: _____

Describe any specialized training, apprenticeship, skills and extra curricular activities. _____

Describe any honors received: _____

Languages spoken: _____

List professional, trade, business or civic activities and offices held. _____

Please exclude memberships which would reveal sex, race, religion, national origin, age or other protected status.

Have you ever had any job-related training in the United States military? Yes No

If yes, please describe: _____

SPECIAL SKILLS AND QUALIFICATIONS

Summarize special job-related skills and qualifications acquired from employment or other experience.

EMPLOYMENT EXPERIENCE

Provide employment experience for the last ten years. Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disability or other protected status. Additional experience may be listed on a separate sheet attached to this application.

1. **Employer** _____ Dates employed: From _____ mo./_____ yr. to _____ mo./_____ yr.

Address _____

Telephone number _____ Hourly rate/salary: _____ start _____ final _____

Job title _____ Supervisor _____

Work performed _____

Reason for leaving _____

May we contact? Yes No

2. **Employer** _____ Dates employed: From _____ mo./_____ yr. to _____ mo./_____ yr.

Address _____

Telephone number _____ Hourly rate/salary: _____ start _____ final _____

Job title _____ Supervisor _____

Work performed _____

Reason for leaving _____

May we contact? Yes No

3. **Employer** _____ Dates employed: From _____ mo./_____ yr. to _____ mo./_____ yr.

Address _____

Telephone number _____ Hourly rate/salary: _____ start _____ final _____

Job title _____ Supervisor _____

Work performed _____

Reason for leaving _____

May we contact? Yes No

4. **Employer** _____ Dates employed: From _____ mo./_____ yr. to _____ mo./_____ yr.

Address _____

Telephone number _____ Hourly rate/salary: _____ start _____ final _____

Job title _____ Supervisor _____

Work performed _____

Reason for leaving _____

May we contact? Yes No

5. **Employer** _____ Dates employed: From _____ mo./_____ yr. to _____ mo./_____ yr.

Address _____

Telephone number _____ Hourly rate/salary: _____ start _____ final _____

Job title _____ Supervisor _____

Work performed _____

Reason for leaving _____

May we contact? Yes No