

NORTHERN CALIFORNIA INDIAN
DEVELOPMENT COUNCIL, INC
241 F STREET • EUREKA, CALIFORNIA 95501
PHONE (707) 445-8451 • FAX (707) 445-8479

APPLICATION FOR EMPLOYMENT

POSITION APPLIED FOR: _____ **DATE:** _____

NAME: _____ **SOCIAL SECURITY#** _____
 Last First Middle

ADDRESS: _____
 Mailing Address City State Zip

TELEPHONE: _ (____) _____ **MESSAGE PHONE:** _ (____) _____

WORK PHONE: _ (____) _____ **MAY WE CALL YOU AT WORK?** **Yes** **NO**

**CHECK YES OR NO TO EACH OF THE FOLLOWING QUESTIONS, EXPLAIN WHEN NECESSARY.
(Please type or print)**

YES NO
 Are you now, or have you ever been employed by NCIDC? If Yes, give position, dates and location of employment: _____

Are you related by blood or marriage to any person presently employed by NCIDC? If Yes, give name, relationship, position and location of employment: _____

Have you ever been discharged or forced to resign from any employment? If Yes, give details: _____

Will you accept: Full Time Part Time Temporary

What date will you be available for employment? _____

Do you have any physical condition, which might limit your ability to perform the job for which you are applying? If yes how can we accommodate your needs? _____

Are you over 18 years of age?
(If no, a work permit or proof of emancipation will be required.)

Do you have the legal right to remain permanently in the United States?
(If hired, you will be required to submit proof of the legal right to work in the United States.)

Do you have a valid California Driver License? (A current motor vehicle report may be required, if driving is necessary for the position you are applying for.)

Have you graduated from high school? If No, circle the highest grade completed: 1 2 3 4 5 6 7 8 9 10 11

Special Training: - List any training you have had which may help to qualify you for the position, which you are applying. Include trade, vocational and business schools and manpower training programs. Indicate type of training, where acquired, dates and whether you completed it successfully.

License/Certificates: - List any license or certificates you have which may help you qualify for the position, which you are applying. Include driver license, typing or steno certificates, professional registration, etc.:

Title	State	Number	Date Issued	Date Expires

EDUCATION

Name of College	Location	Date: From/To	Major	Units	Degree

Yes No May NCIDC contact your current or last employer if considering you for a job offer?
 If No, explain _____

Work History – List your work experience, BEGINNING WITH YOUR PRESENT OR LAST JOB, in reverse order. Show promotions as separate jobs. Be sure to include appropriate military experience.

IMPORTANT: Check box if the job gave you specific experience in the position for which you are applying.

<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 	Dates of Work From _____ Mo. Dy. Yr. To _____ Mo. Dy. Yr. Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Hrs. per week _____	Employer's Name _____ Supervisor's Name _____ Address _____ Phone # _____ Title _____ Your Title: _____ Wages (hr./mo.) _____ Describe your duties _____ _____ Reason for leaving _____
	Dates of Work From _____ Mo. Dy. Yr. To _____ Mo. Dy. Yr. Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Hrs. per week _____	Employer's Name _____ Supervisor's Name _____ Address _____ Phone # _____ Title _____ Your Title: _____ Wages (hr./mo.) _____ Describe your duties _____ _____ Reason for leaving _____
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It is understood and agreed that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and /or separation from the employer's service if I have been employed.

I give the Employer the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the Employer and its representatives from seeking such information and all other corporations or organizations for furnishing such information.

The Employer is an equal opportunity employer. The Employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excluding any applicant's consideration for employment on a basis prohibited by local or federal law.

This application is current for only (60) days. At the conclusion of this time, if I have not heard from the Employer and still wish to be considered for employment, it will be necessary for me to fill out a new application.

Signature of Applicant _____ Date _____

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SUPPLEMENTAL APPLICANT INFORMATION

Date: _____

Name: _____

Social Security Number: _____

Driver License Number: _____

Automobile Insurance Agency: _____

In Case of Emergency, Contact:

Name: _____

Address: _____

Street

City

State

Zip

Phone: __ (____) _____

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ETHNIC SELF-IDENTIFICATION SURVEY

CALIFORNIA LAW (GOVT. CODE SECTION 1233) PERMITS EMPLOYERS TO ASK JOB APPLICANTS TO VOLUNTARILY IDENTIFY THEIR ETHNIC BACKGROUND. THIS INFORMATION IS USED TO EVALUATE THE CORPORATIONS AFFIRMATIVE ACTION PLAN AND TO COMPLY WITH STATE AND FEDERAL REGULATIONS WHICH REQUIRE REPORTING OF STATISTICAL INFORMATION NECESSARY TO ASSES EMPLOYMENT OPPORTUNITY IN THE COUNTY.

THIS FORM WILL BE DETACHED FROM YOUR APPLICATION AND KEPT IN A SEPARATE FILE. THIS INFORMATION WILL ONLY BE USED TO EVALUATE DEVICES USED TO RECRUIT APPLICANTS. IT WILL NOT BE USED IN ANY WAY TO MEASURE QUALIFICATIONS OR MAKE ANY EMPLOYMENT DECISIONS.

POSITION APPLYING FOR _____

GENDER:

MALE FEMALE

AGE:

UNDER 21 21-29 30-39 40-49 50-59 60 OR OVER

EHTNIC CATEGORY – PLEASE CHECK APPROPRIATE SPACE:

WHITE (INCLUDES INDO-EUROPEAN, PAKASTANI AND EAST INDIAN)

BLACK (INCLUDES AFRICAN, JAMAICAN, TRINIDADIAN AND WEST INDIAN)

HISPANIC (INCLUDES MEXICAN, PUERTO RICAN, LATIN AMERICAN AND SPANISH)

FILIPINO

ASIAN OR PACIFIC ISLANDER (INCLUDES JAPANESE, CHINESE, AND KOREAN)

NATIVE AMERICAN (INCLUDES PERSONS WHO IDENTIFY THEMSELVES AS A NATIVE AMERICAN OR ARE KNOWN BY VIRTUE OF THEIR TRIBAL ASSOCIATION)

OR
ALASKAN NATIVE (INCLUDES ALUETS, ESKIMOS)

IF YOU HAVE A HANDICAP OR RECORD OF IMPAIRMENT, PLEASE INDICATE BELOW:

HEARING SIGHT SPEECH PHYSICAL

DEVELOPMENTAL OTHER, PLEASE SPECIFY: _____