



Bear Valley Springs Association
 29541 Rolling Oak Drive, Tehachapi, CA 93561
 Phone: 661-821-5537 / Fax: 661-821-2039

**APPLICATION FOR
 EMPLOYMENT**

Bear Valley Springs Association (BVSA) is an equal opportunity employer. BVSA does not discriminate in employment on account of race, color, religion, national origin, citizenship status, ancestry, age, sex, gender, sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service.

PERSONAL INFORMATION			EMAIL	APPLICATION DATE
LAST NAME	FIRST NAME	MIDDLE INITIAL	TELEPHONE NUMBER	
PRESENT ADDRESS		CITY	STATE	REFERRED BY
ARE YOU LESS THAN 18 YEARS OF AGE? <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO IF OFFERED EMPLOYMENT, YOU WILL BE REQUIRED TO PROVIDE DOCUMENTATION TO VERIFY ELIGIBILITY.		HAVE YOU EVER USED ANOTHER NAME? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, LIST:	
DRIVER LICENSE NUMBER	STATE	EXPIRATION DATE	DRIVING RECORD	

EMPLOYMENT DESIRED		DATE AVAILABLE	SALARY DESIRED
POSITION DESIRED OR AREA OF INTEREST		HAVE YOU EVER APPLIED TO THIS ORGANIZATION BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, GIVE DATE AND POSITION APPLIED FOR
HAVE YOU EVER BEEN EMPLOYED BY OUR ORGANIZATION BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, GIVE DATES OF EMPLOYMENT	NAMES OF FRIENDS OR RELATIVES EMPLOYED BY THIS ORGANIZATION	
ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING, WITH OR WITHOUT REASONABLE ACCOMMODATION? <input type="checkbox"/> YES <input type="checkbox"/> NO			
ARE YOU CURRENTLY EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, MAY WE CONTACT YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	

EDUCATION			
NAME AND LOCATION OF SCHOOL	NO OF YRS ATTENDED/ GPA	DIPLOMA/DEGREE RECEIVED	SUBJECTS STUDIED/MAJOR
HIGH SCHOOL			
COLLEGE OR UNIVERSITY			
COLLEGE OR UNIVERSITY			
TRADE, BUSINESS OR CORRESPONDENCE			
PROFESSIONAL CERTIFICATES OR LICENSES HELD	ARE YOU PRESENTLY TAKING ANY EDUCATIONAL COURSES? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHAT AND WHERE?		
PLEASE LIST JOB RELATED ORGANIZATIONS, CLUBS, PROFESSIONAL SOCIETIES OR OTHER ASSOCIATIONS TO WHICH YOU BELONG (You may exclude those which would reveal information regarding race, color, creed, sex, religion, national origin, age, ancestry, disability, marital status, veteran status or any other protected status).			

REFERENCES			
GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST THREE (3) YEARS			
NAME AND ADDRESS	TELEPHONE	OCCUPATION	YEARS KNOWN
1.			
2.			
3.			

EMPLOYMENT HISTORY: LIST YOUR MOST RECENT EMPLOYER FIRST. INCLUDE ANY PERIODS OF UNEMPLOYMENT. INCOMPLETE INFORMATION COULD DISQUALIFY YOU FROM FURTHER CONSIDERATION.

EMPLOYER (NAME AND ADDRESS)	IMMEDIATE SUPERVISOR/PHONE	DATES EMPLOYED	POSITION HELD	REASON FOR LEAVING

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for BVSA to hire me. If I am hired, I understand that either BVSA or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of BVSA has the authority to make any assurance to the contrary.

I attest with my signature below that I have given to BVSA true and complete information on this application. No requested information has been concealed. I authorize BVSA to contact references provided for employment reference checks and under consistent hiring practices, may require pre-employment screening and background verification as a condition of employment, upon any employment offer. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

SIGNATURE: _____ DATE: _____

DO NOT WRITE BELOW THIS LINE
FOR DEPARTMENTAL USE ONLY

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Interviewed by: _____ Date: _____

Remarks: _____

Neatness: _____ Ability: _____

Hired for Department: _____ Start Date: _____

Position: _____ Salary: _____

Approval of Department Manager: _____