

OVCDC EMPLOYMENT APPLICATION

Complete this application and email to hr@ovcdc.com

Date of Application: _____

Name:		
Address:		
City:	State:	Zip Code:
Home Phone:	Cellular/Other Phone:	Email Address:

GENERAL INFORMATION

Position applied for: _____

Location of position: _____

Date available to start work: _____

Do you have relatives employed by OV CDC? If yes, please list names and relationships:

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

If yes, please list State, driver's license number and class: _____

Are you at least 18 years of age? **Yes** **No**

If you are not a U.S. citizen, do you have the right to work in the U.S.? **Yes** **No**

Have you been convicted of a crime within the last seven years? **Yes** **No**

(NOTE: Please exclude misdemeanor convictions for marijuana-related offenses more than two years old; convictions that have been sealed, expunged, or legally eradicated; and misdemeanor convictions for which probation was successfully completed or otherwise discharged and the case was judicially dismissed. A conviction is not an automatic bar to employment. Each case will be considered on its own merits.)

If yes, please identify the charge, the court, the date of the conviction, and the disposition of the case:

Have you ever applied for a position with or worked for OV CDC before? **Yes** **No**

If yes, specify dates From: _____ To: _____

and position(s): _____

EDUCATION

	Name of School and Address	Major	No. of Years Completed	Did you Graduate?
High School				
College				
Trade School				
Other Training				

Are you an enrolled member of a Federally-recognized tribe? **Yes** **No**

If yes, can you provide proof of such enrollment? **Yes** **No** **If yes, please attach.**

Are you claiming hiring preference under any provision of a Tribal Employment Rights Ordinance (Bishop and Big Pine applicants only)? **Yes** **No**

If yes, what TERO preference designation are you claiming (Bishop and Big Pine applicants only)?

If yes, what proof can you provide to support the TERO preference designation you are claiming (Bishop and Big Pine applicants only)?

How did you find out about this position? Please be specific.

If from another OVCD employee, please state name:

Native American Indian preference shall apply to all positions at OVCD pursuant to the Indian Self-Determination and Education Assistance Act (24 USC 450, et. seq.), 25 CFR 271.44, applicable Tribal Employment Rights Ordinances (TEROs), and other relevant laws.

EMPLOYMENT HISTORY

Please list your present and past work experience for the last 10 years, beginning with your current job. You may include volunteer activities.

Name of Employer:	From Month Year	To Month Year
Address:	Telephone:	Pay Starting:
Position:	Supervisor:	
Description of Duties:		
Reason for Leaving (Be Specific):		
Name of Employer:	From Month Year	To Month Year
Address:	Telephone:	Pay Starting:
Position:	Supervisor:	
Description of Duties:		
Reason for Leaving (Be Specific):		
Name of Employer:	From Month Year	To Month Year
Address:	Telephone:	Pay Starting:
Position:	Supervisor:	
Description of Duties:		
Reason for Leaving (Be Specific):		

If you need additional space, please continue your response on a separate page.

Please identify and explain all periods of unemployment in excess of one month during the past 10 years:

Period of Unemployment:

From:

To:

Reason for Unemployment

To assist us to check records and to verify prior employment and education, please indicate whether you were ever employed or enrolled in a school under a name other than that used on this application:

Yes No

If yes, please specify the name you were employed or enrolled under:

If you are employed now, may we contact your current employer?

Yes No

Are you able to perform the essential duties of the position for which you are applying, either with or without reasonable accommodations?

Yes No

Please list any job-related professional, trade, business or civic activities, organizations and associations. (You may omit those which indicate race, color, religion, national origin, ancestry, sex, age, or the existence of a disability):

Please provide the names, addresses, and telephone numbers of at least two references who are not related to you:

Person to be contacted in the event of an accident or emergency:

Name: _____

Address: _____

Telephone: _____

I hereby certify that the information contained in this application form is true and correct to the best of my knowledge and agree to have any of the statements checked by OV CDC unless I have indicated to the contrary. I authorize the references listed above, as well as all other individuals whom OV CDC contacts, to provide OV CDC with any and all information concerning my previous employment and any other pertinent information that they may have. Further, I release all parties and persons from any and all liability for any damages that may result from furnishing such information to OV CDC as well as from any use or disclosure of such information by OV CDC or any of its agents, employees, or representatives. I understand that any misrepresentation, falsification, or material omission of information on this application may result in my failure to receive an offer or, if I am hired, my immediate dismissal from employment.

In consideration of my employment, I agree to conform to the rules and standards of OV CDC. *I further agree that my employment and compensation can be terminated at will, with or without cause, and with or without notice, at any time, either at my option or at the option of OV CDC. I understand that no employee or representative of OV CDC, other than its Executive Director, has the authority to enter into any agreement for employment for any specified period of time, or to make any express or implied agreement contrary to the foregoing. Further, the Executive Director may not alter the at-will nature of the employment relationship or enter into any employment agreement for a specified time unless the Executive Director and I both sign a written agreement that clearly and expressly specifies the intent to do so. I agree that this shall constitute a final and fully binding integrated agreement with respect to the at-will nature of my employment relationship and that there are no oral, written, or collateral agreements regarding this issue.*

I also understand that all offers of employment are conditioned on OV CDC's receipt of satisfactory responses to reference requests and the provision of satisfactory proof of an applicant's identity and legal authority to work in the United States. Offers of employment are also conditioned on the satisfactory completion of a background investigation and drug testing.

Signature of Applicant

Date

Owens Valley Career Development Center **Employee Form**

AUTHORIZATION TO RELEASE INFORMATION AND NOTIFICATION OF INTENT TO CONDUCT AN INVESTIGATIVE BACKGROUND CHECK

First	Middle	Last Name	
Other Names used (i.e. Maiden Name)		Date of Birth	
Address (City/ State/ Zip)		Phone Number	
Social Security Number	Driver's License Number		State
Name of College Attended	City	State	Dates of Attendance
Name of College Attended	City	State	Dates of Attendance
Name of College Attended	City	State	Dates of Attendance

I hereby authorize and request any present or former employer, school, credit agency, law enforcement agencies, criminal records, or other persons having personal knowledge about me to furnish Owens Valley Career Development Center and their authorized agents with any and all information in their possession regarding me in connection with an application for employment. I agree that a photocopy of this authorization will be accepted with the same authority as the original, and I specifically waive any written notice from any present or former employer who may provide information based upon this authorized request. I understand this authorization is part of the written application, which I have submitted. I certify that all the statements and information on my employment application are accurate and complete, and I understand that any employment offer is based upon the accuracy of this information. Any false statements, omissions, or inaccuracies of this application will be just cause for my disqualification or dismissal. I also hereby release all parties from all liability for any damage that may result from furnishing the same to OV CDC. Background Checks that I authorize are:

- ✓ Reference Check (*Completed by OV CDC HR*)
- ✓ DMV Check
- ✓ First Check -Social Security Number Validation*
- ✓ Instant County Locator -Address Verification*
- ✓ Criminal Court Record – county(ies) felony and misdemeanor*
- ✓ Educational Background Check*
- ✓ Credit Report (*Financial Positions Only*)*

* indicates checks to be completed by third party (ADP) @www.adp.com

I waive my rights to receive a copy of public record information

A clear copy of a Driver's License or photo ID must be attached.

Signature _____

Date _____