

Preferred Location(s): Shasta County Tehama County
 Butte County Glenn County
 Siskiyou County Trinity County

Date: _____

Name _____ Social Security No. _____
(Last) (First) (Middle)

Address _____
(Number) (Street) (City) (State) (Zip Code)

Home Phone (_____) _____ Bus. Phone (_____) _____ Referred By: _____

Email address _____

Work Preference

Title of position applied for _____

Will you accept: Full Time Part Time On Call Date available to start: _____

General Information

Have you ever worked under another name? Yes No Please List _____
 (For employment verification purposes)

Have you worked for NVCSS? Which facility _____
 From: Month _____ Year _____ To: Month _____ Year _____

Have you ever been convicted of a felony? Yes No If yes, please complete the following:

Nature of conviction: _____ Date of conviction: _____

Have you ever been convicted of a misdemeanor within the last seven years, which resulted in confinement? (Do not include marijuana-related convictions, which occurred more than two years prior to the date of this application.) Yes No If yes, complete the following:
 Details of offense(s), including the date of the conviction, the county, state and country in which it occurred, the jurisdiction (federal, state, etc.) and the nature of the offense: _____

In response to both of these questions (felony and misdemeanor convictions), please include any convictions in a military court. (NOTE: NVCSS performs background checks to the limits permitted by the law.)

Are you able to perform the essential functions of the job for which you are applying, either with our without reasonable accommodation?
 Yes No

If no, describe the functions that cannot be performed: _____

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants / employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

Skills

Please check the skills you possess that are relevant to the position you are applying for. Unrelated items may be checked at your discretion.

- | | | | | |
|---------------------------------------------|----------------------------------------------|------------------------------------------|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Filing | <input type="checkbox"/> Multi-Line Phones | <input type="checkbox"/> Word Processing | Computer Programs: | <input type="checkbox"/> First Aid |
| <input type="checkbox"/> Typing WPM _____ | <input type="checkbox"/> Payroll | <input type="checkbox"/> Data Entry | <input type="checkbox"/> Excel | <input type="checkbox"/> CPR |
| <input type="checkbox"/> Letter Composition | <input type="checkbox"/> Accounts Payable | <input type="checkbox"/> Internet | <input type="checkbox"/> Word | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> 2nd Language | <input type="checkbox"/> Accounts Receivable | <input type="checkbox"/> Graphic Design | <input type="checkbox"/> Access | <input type="checkbox"/> Other _____ |
| Specify _____ | <input type="checkbox"/> Insurance Billing | | <input type="checkbox"/> PowerPoint | |
| | | | <input type="checkbox"/> _____ | |

Education (A resume may be attached, but the **entire application must be completed.**)

Name of Schools (High School, College, Business, Vocational)	Location	No. of Years Completed	Major Course	Degree/Certificate
-----------------------------------------------------------------	----------	---------------------------	--------------	--------------------

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Other special education / professional associations (include U.S. military service schools and experience or skills that would qualify you for the position for which you are applying.)

License

Professional License/Registration/Certification:

Type _____ State _____ Number _____ Expiration Date _____

Work Experience

Please list your work experience for the past seven years with your present or most recent experience first. **A resume may be attached, but the entire application must be completed.**

Company Name _____ Street Address _____

City, State, and Zip _____ Telephone _____

Supervisor's Name _____ Reason for Leaving _____

From: Month _____ Year _____ To: Month _____ Year _____ Hours Worked Per Week _____

Salary Start _____ End _____ Job Title _____

Duties _____

Company Name _____ Street Address _____

City, State, and Zip _____ Telephone _____

Supervisor's Name _____ Reason for Leaving _____

From: Month _____ Year _____ To: Month _____ Year _____ Hours Worked Per Week _____

Salary Start _____ End _____ Job Title _____

Duties _____

Company Name _____ Street Address _____

City, State, and Zip _____ Telephone _____

Supervisor's Name _____ Reason for Leaving _____

From: Month _____ Year _____ To: Month _____ Year _____ Hours Worked Per Week _____

Salary Start _____ End _____ Job Title _____

Duties _____

Company Name _____ Street Address _____

City, State, and Zip _____ Telephone _____

Supervisor's Name _____ Reason for Leaving _____

From: Month _____ Year _____ To: Month _____ Year _____ Hours Worked Per Week _____

Salary Start _____ End _____ Job Title _____

Duties _____

Have you ever been involuntarily terminated from any prior employment? ____ Yes ____ No

If yes, give details of termination, including date of termination, employers name and reason for termination: _____
_____May we contact your current employer? Yes No If no, please explain:(If we need to contact your current employer before making an offer, we will contact you first.)

Please read carefully before signing this form. I certify that the information contained in this application form is true and correct. I authorize all previous employers and schools to give information needed by NVCSS for purposes of obtaining an account of my education and work experience. I agree to hold any or all of them blameless and free of any liability for releasing any truthful information that is within their knowledge or records.

I understand that if I am employed, any deletion or misrepresentation of information as stated or implied on this application form may be sufficient cause for my dismissal. I am aware that I will be required, as a condition of employment, to successfully complete a background check and medical examination and that any referral to a private doctor for suggested follow-up will be at my own expense. I agree to observe all rules, regulations, and policies of NVCSS.

My signature below signifies that I recognize that my employment with NVCSS is "at will". This means that either NVCSS or myself can terminate my employment at any time with or without notice and with or without a reason. I further understand that no representative of NVCSS other than the Executive Director, has the authority to enter into any agreement for employment for any specified period of time and then only in writing. I understand the provisions of this paragraph cannot be changed unless the change is in writing and signed by the Executive Director of NVCSS and by myself.

Signature_____
Date

DISCLOSURE AND AUTHORIZATION

[IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION]

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

[Northern Valley Catholic Social Services] ("the Company") may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by **Pre-Employ.com, Inc., Compliance Department, P.O. Box 491570, Redding, California 96049-1570, or by fax to (888) 999-3839**, or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing [Northern Valley Catholic Social Services] to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Company at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by **Pre-Employ.com, Inc., Compliance Department, P.O. Box 491570, Redding, California 96049-1570, or by fax to (888) 999-3839**, another outside organization acting on behalf of [Northern Valley Catholic Social Services], and/or [Northern Valley Catholic Social Services] itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

New York Applicants or Employees only: By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.

[www.labor.state.ny.us/agencyinfo/PDFs/CorrectionLaw%20Article%2023-A%20 4 .pdf](http://www.labor.state.ny.us/agencyinfo/PDFs/CorrectionLaw%20Article%2023-A%204.pdf)

NEW YORK Applicants or Employees Only: You have the right to inspect and receive a copy of any investigative consumer report requested by [Northern Valley Catholic Social Services] by contacting the consumer reporting agency identified above directly.

Minnesota and Oklahoma Applicants or Employees only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

California Applicants or Employees only: By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law.

Last Name _____ First _____ Middle _____
Social Security* # _____ Date of Birth* _____
Signature: _____ Date: _____

****This information will be used for background screening purposes only and will not be used as hiring criteria.***



NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW

Northern Valley Catholic Social Services (the "Company") intends to obtain information about you from an investigative consumer reporting agency and/or a consumer credit reporting agency for employment purposes. Thus, you can expect to be the subject of "investigative consumer reports" and "consumer credit reports" obtained for employment purposes. Such reports may include information about your character, general reputation, personal characteristics and mode of living. With respect to any investigative consumer report from an investigative consumer reporting agency ("ICRA"), the Company may investigate the information contained in your employment application and other background information about you, including but not limited to obtaining a criminal record report, verifying references, work history, your social security number, your educational achievements, licensure, and certifications, your driving record, and other information about you, and interviewing people who are knowledgeable about you. The results of this report may be used as a factor in making employment decisions. The source of any investigative consumer report (as that term is defined under California law) will be **Pre-Employ.com, Inc., P.O. Box 491570, Redding, California 96049-1570, and (800) 300-1821**. The source of any credit report will be **Pre-Employ.com, Inc., P.O. Box 491570, Redding, California 96049-1570, or (800) 300-1821**.

The Company agrees to provide you with a copy of an investigative consumer report when required to do so under California law.

Under *California Civil Code section 1786.22*, you are entitled to find out from an ICRA what is in the ICRA's file on you with proper identification, as follows:

- In person, by visual inspection of your file during normal business hours and on reasonable notice. You also may request a copy of the information in person. The ICRA may not charge you more than the actual copying costs for providing you with a copy of your file.
- A summary of all information contained in the ICRA's file on you that is required to be provided by the California Civil Code will be provided to you via telephone, if you have made a written request, with proper identification, for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or charged directly to you.
- By requesting a copy be sent to a specified addressee by certified mail. ICRA's complying with requests for certified mailings shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the ICRA's.

"Proper Identification" includes documents such as a valid driver's license, social security account number, military identification card, and credit cards. Only if you cannot identify yourself with such information may the ICRA require additional information concerning your employment and personal or family history in order to verify your identity. The ICRA will provide trained personnel to explain any information furnished to you and will provide a written explanation of any coded information contained in files maintained on you. This written explanation will be provided whenever a file is provided to you for visual inspection.

You may be accompanied by one other person of your choosing, who must furnish reasonable identification. An ICRA may require you to furnish a written statement granting permission to the ICRA to discuss your file in such person's presence.



The following information is for identification purposes only. Please print clearly in Black Ink!

Name: Last	First	Middle	
List all other names used in the last 7 years:			
Date of Birth:	Social Security Number:		
Drivers License Number:	State issued:		
Current Address:			
City:	State:	Zip:	
Address History - Please list the city, state, and zip you have lived or worked in for the past 7 years with approximate dates:			
Dates:	City:	State:	Zip:
Dates:	City:	State:	Zip:
Dates:	City:	State:	Zip:
Daytime phone number: ()	Email Address:		
***** APPLICANT – DO NOT WRITE BELOW THIS LINE *****			

Company ID: 2292	Company Name: Northern Valley Catholic Social Services	PO#
Please indicate the services you would like to request for this applicant. Fax this sheet to 888-999-3839 or enter the information at https://www.pre-employ.com		
Basic Services Requested: Searches requested by the client		
Additional Services Requested: Please check box		
<input type="checkbox"/> Social Security Trace	<input type="checkbox"/> Anti Terrorist Watch List	
<input type="checkbox"/> Criminal History Check	<input type="checkbox"/> NCFS	
<input type="checkbox"/> Drivers License Check	<input type="checkbox"/> Civil History	
<input type="checkbox"/> Employment Verification	<input type="checkbox"/> Federal Criminal History	
<input type="checkbox"/> Degree / Education Verification	<input type="checkbox"/> Federal Civil History	
<input type="checkbox"/> Reference Check	<input type="checkbox"/> Sex Offender	
<input type="checkbox"/> OIG/GSA Check	<input type="checkbox"/> Workers Compensation	
<input type="checkbox"/> National Wants and Warrants	<input type="checkbox"/> Drug Test	
<input type="checkbox"/> Credit Report		



**INFORMATION AND AUTHORIZATION FORM FOR REFERENCE, EDUCATION OR
LICENSE VERIFICATION INFORMATION ONLY**

I VOLUNTARILY AND KNOWINGLY AUTHORIZE ANY PRESENT OR PAST EMPLOYER OR SUPERVISOR; COLLEGE OR UNIVERSITY OR OTHER INSTITUTION OF LEARNING; ADMINISTRATOR; LAW ENFORCEMENT AGENCY, STATE AGENCY, LOCAL AGENCY, FEDERAL AGENCY; CREDIT BUREAU; COLLECTION AGENCY; PRIVATE BUSINESS; MILITARY BRANCH OR THE NATIONAL PERSONNEL RECORDS CENTER; PERSONAL REFERENCE; AND/OR OTHER PERSONS TO GIVE RECORDS OR INFORMATION THEY MAY HAVE CONCERNING MY CRIMINAL HISTORY, MOTOR VEHICLE HISTORY, SOCIAL SECURITY NUMBER, EARNINGS HISTORY, CHARACTER, AND EMPLOYMENT (INCLUDING REASONS FOR TERMINATION) OR ANY OTHER INFORMATION REQUESTED BY PREEMPLOY.COM, INC. A PHOTOGRAPHIC OR FAXED COPY OF THIS INFORMATION & RELEASE FORM SHALL BE AS VALID AS THE ORIGINAL.

I HEREBY AUTHORIZE YOU TO PROVIDE INFORMATION TO PRE-EMPLOY.COM INC Phone (800) 300-1821 Fax (888) 999-3839

THE FOLLOWING MUST BE FILLED OUT COMPLETELYPLEASE USE A PEN WITH BLACK INK
(Please Print Clearly)

Name: Last	First	Middle
Home address		
City	State	Zip

Please provide the following information for each company listed on employment application (Use Additional Paper if Necessary):

Company	Dates of Employment	From	To	May we Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address				
City	State		Zip	
Position	Supervisor		Telephone (include Area Code)	
Company	Dates of Employment	From	To	May we Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address				
City	State		Zip	
Position	Supervisor		Telephone (include Area Code)	
Company	Dates of Employment	From	To	May we Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address				
City	State		Zip	
Position	Supervisor		Telephone (include Area Code)	

Please provide the school, university or college name (highest level of education received):

Institution		Institution	
Location	Attendance Dates:	Location	Attendance Dates
Degree	Major/Minor	Degree	Major/Minor
Name used while attending:		Name used while attending:	

Personal References (Individuals with whom you have worked): Professional License Information:

Name:	Phone:	License Type:	License Number:
Name:	Phone:	Issuing Authority:	State:
Name:	Phone:	Issue Date:	Expiration Date:

SIGNATURE: X _____ DATE _____

APPLICANT: Please complete this form and submit it with your application. The completed form is confidential and will be detached from your application. This information is gathered in accordance with State and Federal laws for the purpose of evaluating the effectiveness of our Equal Opportunity recruitment efforts.

Position applied for: _____ Date: _____

I learned of this job opening through (check one only):

- A friend of relative
- The Agency's On-Line Job Listings
- An advertisement (specify): Newspaper Publication TV, or Radio Station
- Other means (specify): _____

Do you have any physical condition(s) or handicap(s) which may limit your ability to perform the job applied for? Yes No

If yes, what can be done to accommodate your limitations and if necessary to provide assistance in the recruitment and testing process? If you have special needs, please fill out below and call (530) 241-0552.

.....
APPLICANT:

Please check: Male Female Age: Under 40 40 and Over

Number of persons in household: _____ Approximate annual household income: _____

.....
Also, please check one box only for the racial/ethnic category you most closely identify with.
(See ethnic definitions below.)

Ethnicity:

Hispanic or Latino

A person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin regardless of race.

Race:

White (Not Hispanic or Latino origin)

A person having origins in any of the original peoples of Europe, North Africa, or Middle East.

Black or African American (Not of Hispanic origin)

A person having origins in any of the original peoples of Africa.

Asian

A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including for an example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam

Native Hawaiian or Other Pacific Islander

A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

American Indian or Alaskan Native

A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

Two or More Races (Not Hispanic or Latino)

A person who identifies with more than one of the above five races.