



# EMPLOYMENT APPLICATION



Please submit completed application to the email listed on job advertisement, or return to:

Northern California Regional Intelligence Center/  
Northern California High Intensity Drug Trafficking Area  
PO Box 36102  
San Francisco, CA 94102

**PLEASE NOTE:** This completed employment application should be accompanied by a cover letter, a resume, and supplemental questions (if requested in the job announcement)

POSITION YOU ARE APPLYING FOR   
(Job title on employment bulletin)

Last Name  First Name  Middle Name

Street Address  City  State  Zip Code

Home Phone  Mobile Phone  Work Phone  Ext.

Would you like to be notified about application status, testing dates and examination results via e-mail?

If YES, please provide your e-mail  Please note that it is your responsibility to monitor instructions and correspondence from this office by checking your e-mail account in a timely manner.

List any former names under which you have worked, gone to school or served in the Armed Forces

**RELEVANT LICENSES & CERTIFICATES:** List driver licenses or certificates required for the job for which you are applying.

Title of License or Certificate	Number	Issued by	Expiration Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If a driver license is required for the job for which you are applying please respond to the following question. Have you received any vehicle citations for moving violations within the last 5 years?

If YES, please explain fully. Attach a separate sheet if this space is not adequate. A YES answer to this question is not an automatic bar to employment. Each case is considered individually.

Are you fluent in any language in addition to English? If so, please specify your skills.

Language	Competency	Language	Competency
<input type="text"/>	<input type="checkbox"/> Understand <input type="checkbox"/> Speak <input type="checkbox"/> Read <input type="checkbox"/> Write	<input type="text"/>	<input type="checkbox"/> Understand <input type="checkbox"/> Speak <input type="checkbox"/> Read <input type="checkbox"/> Write
<input type="text"/>	<input type="checkbox"/> Understand <input type="checkbox"/> Speak <input type="checkbox"/> Read <input type="checkbox"/> Write	<input type="text"/>	<input type="checkbox"/> Understand <input type="checkbox"/> Speak <input type="checkbox"/> Read <input type="checkbox"/> Write

**RELEVANT EDUCATION & TRAINING** List below any education, training or seminars directly relevant to the job for which you are applying

Name and Address of School, College, University, Institute or Organization	Course of Study or Major	Degrees, Certification, Units, Hours (if applicable)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Preferences: (Optional, if applicable)

Minimum Compensation Requirement: \_\_\_\_\_ per year \_\_\_\_\_ per hour

Are you willing to relocate?  Yes  No  Maybe

Types of Positions you will accept:  Regular  Temporary  Seasonal  Internship

Type of Work you will accept:  Full Time  Part Time  Per Diem

**WORK EXPERIENCE**

A. Give complete information for all jobs held during the past 10+ years, including verifiable voluntary experience.

B. Show your Present or Most Recent job first.

C. Attach additional sheets if more space is needed.

**RESUMÉ MAY BE ATTACHED BUT WILL NOT BE ACCEPTABLE AS A SUBSTITUTE FOR COMPLETING THIS SECTION**

Name of Employer  Address

Dates Employed: From  To  Hours per Week  May we contact your previous employer

Supervisor  Contact Number  Email

Job Title and Description of Duties

Reason for Leaving

Name of Employer  Address

Dates Employed: From  To  Hours per Week  May we contact your previous employer

Supervisor  Contact Number  Email

Job Title and Description of Duties

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Supervisor  Contact Number  Email

Job Title and Description of Duties

Reason for Leaving

**CERTIFICATE OF APPLICANT (Read Carefully Before Signing)**

I hereby certify that all statements made in this application are true and I authorize investigation of all matters contained in this application. I understand that any misstatement or omission of material fact on this application will cause forfeiture on my part of all rights to be considered for employment with Northern California Regional Intelligence Center/Northern California High Intensity Drug Trafficking Area. I further agree to be fingerprinted, to submit to a law enforcement background investigation and National Security Clearance, if applicable, and to furnish such proof of age and citizenship as may be required by law.

Date \_\_\_\_\_

Signature: (wet or digital accepted) \_\_\_\_\_

**Note to Applicants with Disabilities that qualify under the Americans with Disabilities Act or the California Fair Employment and Housing Act:**  
If you require special testing arrangements, please notify the NCRIC/NCHIDTA at the time of application. Reasonable efforts will be made to accommodate you.