

APPLICATION FOR EMPLOYMENT

Sierra Senior Providers, Inc. is an Equal Opportunity Employer

THIS APPLICATION IS NOT AN EMPLOYMENT CONTRACT but merely is intended to evaluate suitability for employment. It is the policy of the company to provide equal employment to all persons without discrimination on the basis of sex, race, color, religion, age, marital status, national origin, citizenship, disability, veteran status, sexual orientation or any other status protected under state or federal law. It is also the policy of the company to have the option of conducting pre-employment screening before a job offer is made. If a job offer is made, employment may be contingent upon the successful completion of a medical examination, which may include providing body substance samples. Please inform us if you need a reasonable accommodation for accessibility in order to complete the application and selection process.

WE ARE AN AT-WILL EMPLOYER, MEANING THAT EITHER THE EMPLOYER OR THE EMPLOYEE MAY END THE EMPLOYMENT RELATIONSHIP AT ANY TIME AND FOR ANY OR NO REASON.

BASIC INFORMATION: Please print in ink.

Position applied for:		Date of application:	
<input type="checkbox"/> Position requires certification <input type="checkbox"/> Position requires valid driver license			
Salary requirements:		Date available:	
Last name:	First name:	Middle name:	
Address:	City:	State:	Zip code:
Phone number(s):			

Are you younger than 18 years old? Yes No

Are you legally authorized to work in the United States?..... Yes No

Will you work overtime when necessary?..... Yes No

Will you consider:.....Temporary Yes No **Day Shift** Yes No

Part Time Yes No **Evening Shift** Yes No

Full Time Yes No **Night Shift** Yes No **Weekend Shift** Yes No

Have you been convicted of a crime in the last 7 years?..... Yes No

If yes, please explain: _____

Conviction of a crime is not an automatic bar to employment, but some jobs may not be held by persons convicted of certain crimes. Factors such as the age of the offense, the seriousness and the nature of the violation, and rehabilitation will be taken into consideration.

Have you ever applied here before?..... Yes No

If yes, when? _____ For what position? _____

EDUCATION: Please list all education, specialized training and experience which relates to the position applied for and would help you in the performance of your work in that position. Provide the name of the school, degrees obtained, areas or study and training.

School	School Name & Location	Course of Study	Circle Last Year Completed	Did You Graduate?	List Diploma or Degree
High			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other (Specify)			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

List other skills or education that is pertinent to your application (including certifications, etc.): _____

EMPLOYMENT HISTORY: Start with your present or most recent job. Include any job-related military service assignments, self-employment, summer and part-time jobs.

From/To (Month/Year)	Name, Address, Phone & Supervisor	Position	Reason for Leaving

If presently employed, why do you desire to leave your position? _____

If presently employed, may we contact your employer?..... Yes No

Have you ever been discharged or asked to resign from a job? (If yes, please explain)..... Yes No

PERFORMING ESSENTIAL FUNCTIONS: No applicant will be rejected as a result of a disability which, with reasonable accommodation, does not prevent performance of work.

Have you received a job description or been informed of the essential functions of the job for which you are applying?.....
..... Yes No

Do you understand the job requirements?..... Yes No

Can you perform the essential functions of the position for which you are applying, with or without reasonable accommodation?..... Yes No

RELEASE AND CERTIFICATION

I certify that that the facts set forth on this application are true and complete to the best of my knowledge. I understand:

- Any concealment or misrepresentation will result in denial of employment or termination of employment, regardless of how or when discovered.
- I may be required to work at times other than my regular assignment.
- The needs of the facility require that I will have no contract of employment, that my employment is at-will, and that my employment is subject to complying with all rules, regulations and conditions established by the employer.
- I understand that neither this application nor any written personnel procedure manual or employee handbook is an express or implied contract of permanent employment. I further understand that my relationship with the Company is at-will and for an unspecified term and that the company and I each have the right to terminate the employment relationship at any time, with or without cause or advance notice.
- This employment application is used to notify me that the nature and scope of an investigation, if one is conducted, could include such general identification information as residence verification, and information concerning my employment, education general reputation, character, personal characteristics and habits, and that such information may be developed through personal interviews with third parties such as family members, neighbors, friends, associates, former employers and custodians of official records. Only job-related information developed from such a report will be considered in evaluating my employment application or continued employment. I hereby authorize these persons, companies, organizations or corporations to answer all questions or release any information regarding the items listed in this paragraph. I hereby release them from any liability and hold them harmless from any claim for releasing any truthful information within their knowledge and/or records.
- I authorize the Company to release to any person, firm, entity or organization with which I may seek employment in the future, any truthful information concerning my work experience with the Company. I hereby release and hold the Company harmless from any claim for releasing any truthful information within its knowledge and/or records.

I have had an opportunity to have my questions about this statement’s content and intent answered, and understood its terms.

Signature: _____ **Date:** _____