



# Sierra Senior Providers, Inc. is an Equal Opportunity Employer

## APPLICATION FOR EMPLOYMENT

SSPI IS AN AT-WILL EMPLOYER. EITHER THE EMPLOYER OR THE EMPLOYEE MAY END THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY OR NO REASON.

### BASIC INFORMATION: Please print in ink.

Position applied for:		Date of application:	
Salary requirements:		Date available:	
Last name:	First name:	Middle name:	
Address:	City:	State:	Zip code:
Phone number(s):			

Are you 18 years or older? .....  Yes  No

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

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

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

If yes, when? \_\_\_\_\_ For what position? \_\_\_\_\_

### EDUCATION: Please list all education, specialized training and experience that relates to the 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			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.

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

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

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**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, 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:

- I understand that any concealment or misrepresentation will result in denial of employment.
- I understand that I may be required to work at times other than my regular assignment.
- I understand that my employment is at-will, and that I, or the company, have the right to terminate the employment relationship at any time, with or without cause or advance notice.
- 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 understand that this application may be used to gather general information such as verification of personal details and information concerning my previous employment, education general reputation, character, personal characteristics and that such information may be developed through personal interviews with third parties provided as references for employment. Only job-related information received will be considered in evaluating my application.
- 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 ask questions about this statement's content and I understood the terms.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_