



sierra nevada children's services

*employment application*

**Please print in ink or type**

\_\_\_\_\_

Date	Last Name	First Name	MI
------	-----------	------------	----

**Present Address**

No. & Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_

**Permanent Address (if different from present address)**

No. & Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell (other) Phone \_\_\_\_\_

**Employment Desired**

Position applying for: \_\_\_\_\_

regular full-time work    regular part-time work    temporary work

What days and hours are you available for work? \_\_\_\_\_

If hired, on what date can you start work? \_\_\_\_\_

If applying for temporary work, what period of time will you be available? \_\_\_\_\_ to \_\_\_\_\_

**Personal Information**

Have you ever applied to or worked for Sierra Nevada Children's Services before?  YES  NO

If yes, when? \_\_\_\_\_

Are you under 18 years of age? (If under 18, hire is subject to verification that you are of minimum legal age).

YES  NO

(If required by position) do you have a valid Driver License?  YES  NO

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country?  YES  NO

If hired, would you have a reliable means of transportation to and from work?  YES  NO

## Education and Training

Indicate last level completed: High School  College or University  Graduate School

	Name and Location of School	Did You Graduate?	Title of Diploma/Degree	Major
High School				
Business/ Technical School				
Military School				
College or University				
Graduate School				

List fields of work for which you are licensed, registered or certified giving dates(s), source(s) of issuance, and number(s):

---



---

Additional education, vocational, professional, military, or other information you feel may be helpful to us in considering your application:

---



---

## Work History

Account for at least the past 10 years including periods of unemployment and unpaid work experience. Include relevant experience or prior SNCS experience more than 10 years old. If additional space is needed, continue on the back.

FROM ____/____ Month/Year	TO ____/____ Month/Year	Your Job Title: _____ Your Duties: _____ _____	Employer's Name: _____ Address: _____ Reason for Leaving: _____
FROM ____/____ Month/Year	TO ____/____ Month/Year	Your Job Title: _____ Your Duties: _____ _____	Employer's Name: _____ Address: _____ Reason for Leaving: _____
FROM ____/____ Month/Year	TO ____/____ Month/Year	Your Job Title: _____ Your Duties: _____ _____	Employer's Name: _____ Address: _____ Reason for Leaving: _____
FROM ____/____ Month/Year	TO ____/____ Month/Year	Your Job Title: _____ Your Duties: _____ _____	Employer's Name: _____ Address: _____ Reason for Leaving: _____

Explain any gaps in employment (in excess of 90 days) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List professional, trade, business or civic activities and offices held: [You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or any other protected status]

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### References

List below three persons who have first hand knowledge of your work performance, and are not related to you by blood or marriage

Name: \_\_\_\_\_ Occupation/Title: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone # ( ) \_\_\_\_\_  
Dates Known: \_\_\_\_\_

Name: \_\_\_\_\_ Occupation/Title: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone # ( ) \_\_\_\_\_  
Dates Known: \_\_\_\_\_

Name: \_\_\_\_\_ Occupation/Title: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone # ( ) \_\_\_\_\_  
Dates Known: \_\_\_\_\_

***Sierra Nevada Children's Services performs background checks and requires drug testing of all new employees.***

Sierra Nevada Children's Services is an equal opportunity employer and will not discriminate against any job applicant or employee on account of that individual's race, sex, color, religion, national origin, ancestry, citizenship, pregnancy, age, marital status, medical condition, physical or mental disability, sexual preference, gender characteristic, or any other classification protected under federal, state or local law.

**APPLICANT CERTIFICATION, AUTHORIZATIONS AND UNDERSTANDINGS**

PLEASE READ, INITIAL EACH SECTION, AND SIGN BELOW:

I understand and agree that:

1. **Accurate representation.** The information that I have provided on this application is true and complete to the best of my knowledge. I understand that any misrepresentation or material omission made by me on this application, resume or any other materials, or during any interviews, can be justification for refusal of employment or will be or immediate termination of employment if I am employed, whenever it may be discovered. I expressly waive any right I may have to review material or information received from a previous employer or educational institution under a promise of confidentiality.

\_\_\_\_\_ (initial)

2. **Pre-employment screening.** Any offer of employment I may receive from Sierra Nevada Children’s Services is contingent upon my successful completion of the company’s pre-employment screening process, including the company’s receiving references that it considers satisfactory, a background check, and my satisfactory completion of any post-offer pre-employment medical examination that the company may require. I also agree, if employed, to submit to a medical examination at any time at the company’s request. I hereby consent to having the results of any post-offer pre-employment or postemployment medical exams I may be required to take disclosed to Sierra Nevada Children’s Services.

\_\_\_\_\_ (initial)

3. **Authorization for Release of Information.** In processing my application for employment, I hereby authorize Sierra Nevada Children’s Services to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, references, and other matters related to my suitability for employment, and further authorize my former employers to disclose to Sierra Nevada Children’s Services any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. I also hereby release Sierra Nevada Children’s Services, my former employers and all persons, corporations, partnerships, and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

\_\_\_\_\_ (initial)

4. **Employment is “at-will”.** If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Nothing contained in this application or conveyed during any interview, which may be granted, is intended to create an employment contract between me and Sierra Nevada Children’s Services. In addition, I understand and agree that if I am employed, either I or the employer can terminate the relationship at will, with or without cause, and that my employment is for no definite or determinable period of time. Furthermore no promises or representations contrary to the foregoing, whether oral or written, are binding on the company unless made in writing and signed by me and the company’s Executive Director or the Board of Directors.

\_\_\_\_\_ (initial)

5. **Non-discrimination policy.** I understand that it is the policy of this organization not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that person’s need for a reasonable accommodation as required by the ADA.

\_\_\_\_\_ (initial)

6. **Proof of Eligibility to Work in U.S.** I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

\_\_\_\_\_ (initial)

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

Applicant’s Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Print Name: \_\_\_\_\_