



To Applicant: Sierra Winds is an equal opportunity employer and makes all employment decisions without regard to race, color, national origin, religion, sex, age, disability or status as a disabled veteran or veteran of the Vietnam era. We deeply appreciate your interest in our organization and assure you that we are sincerely interested in your qualifications. A clear understanding of your background and work history will aid us in placing you in the position that best meets your qualifications.

PERSONAL INFORMATION

PLEASE PRINT ALL INFORMATION:

Date: _____

Name _____
Last First Middle

Telephone#: _____ Email _____

Present Address _____
Street Apt. City State Zip Code

Previous Address: _____
Street Apt. City State Zip Code

How long have you lived at present address? _____ How long at previous address? _____

Are you at least 18 years old? _____

Are you legally eligible for employment in the USA? _____ Do you have reliable transportation to work? _____

Position(s) you are applying for: _____ Rate of pay expected per hour \$ _____

Work Status Needed (circle your preference): FULL-TIME PART TIME PRN

Please list your preferred shift (work hours): 1st Choice _____ 2nd Choice _____

Were you previously employed by Sierra Winds? _____ If yes, what year? _____

Do you have any friends or relatives working for Sierra Winds? _____

How did you learn of this position? _____

What is your salary expectation? _____

On what date would you be available to begin work? _____

EMPLOYMENT RECORD

List below present and past employment, beginning with your most recent. Please complete all information in full even when submitting a resume.

1. Company Name: _____

Address: _____ Phone number: _____

Supervisor Name: _____

Position Held: _____

Start Date: _____ End Date: _____

Reason for leaving: _____

2. Company Name: _____

Address: _____ Phone number: _____

Supervisor Name: _____

Position Held: _____

Start Date: _____ End Date: _____

Reason for leaving: _____

3. Company Name: _____

Address: _____ Phone number: _____

Supervisor Name: _____

Position Held: _____

Start Date: _____ End Date: _____

Reason for leaving: _____

4. Company Name: _____

Address: _____ Phone number: _____

Supervisor Name: _____

Position Held: _____

Start Date: _____ End Date: _____

Reason for leaving: _____

May we contact your former employers? _____ If not, which employers do you not want us to contact? _____

Why would you like to work at Sierra Winds? _____

EDUCATION

High School Name: _____ State: _____ Did you graduate? _____

GED Where: _____ State: _____

College Name: _____ State: _____ How Long? _____

 Course of Study: _____ Degree: _____

 Name: _____ State: _____ How Long? _____

 Course of Study: _____ Degree: _____

Other: _____ How Long? _____

 Course of Study: _____ Degree/Diploma _____

Certifications or Licensures (Please be specific): _____

List any other experiences, skills, or qualifications that may benefit our organization: _____

MILITARY SERVICE RECORD

Were you in the US Armed Forces? _____ If so, what branch? _____

Dates of duty: From _____ to _____ Rank at Discharge: _____

List duties in the service: _____

PROFESSIONAL REFERENCES

NO RELATIVES PLEASE.

Name: _____ Occupation: _____ Address: _____ _____ Phone #: _____	Name: _____ Occupation: _____ Address: _____ _____ Phone #: _____
Name: _____ Occupation: _____ Address: _____ _____ Phone #: _____	Name: _____ Occupation: _____ Address: _____ _____ Phone #: _____

Please read and sign below:

I understand that nothing contained in this application or in the interview process is intended to create an employment contract between me and Sierra Winds. If I am employed by Sierra Winds, I will be an employee-at-will. This means that both Sierra Winds and I have the right to terminate my employment at any time, for any reason, with or without cause. I also acknowledge that upon receiving an offer of employment, I will be required to successfully complete all pre-employment requirements such as a physical, PPD skin test, drug screen, background check, OIG and references.

The facts set forth in my application for employment are true and complete. I understand that if employed, false statements on this application shall be considered sufficient cause for dismissal. You are hereby authorized to make any investigation of my personal history and financial and credit record through any investigative or credit agencies or bureaus of your choice. In making this application for employment I authorize you to make an investigative consumer report whereby information is obtained through personal interviews with my neighbors, friends or others with whom I am acquainted. This inquiry, if made, may include information as to my character, general reputation, personal characteristics and mode of living. I understand that I have the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of any such investigative report that is made.

Signature _____

Date: _____



VOLUNTARY SELF-IDENTIFICATION FORM

The following statistical information is required for compliance with Federal laws assuring Equal Employment Opportunity without regard to Race, Color, Sex, National Origin, Religion, Age or Disability as well as the Vietnam Era Readjustment Act. The information requested is voluntary and will remain separate from your application for employment.

Name: _____

Sex: Male: _____ Female: _____

Position Applied for: _____

Birth Date: mm/dd/yyyy: ____/____/____

PLEASE CHECK THE APPROPRIATE DESIGNATION:

- Hispanic or Latino:** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- White (Not Hispanic or Latino):** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black or African American (Not Hispanic or Latino):** A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino):** A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Asian (Not Hispanic or Latino):** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- American Indian or Alaska Native (Not Hispanic or Latino):** A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- Two or More Races (Not Hispanic or Latino):** All persons who identify with more than one of the above races, excluding those who identify themselves as Hispanic or Latino.

Do you have a disability? Yes _____ No _____
(Impairment which substantially limits one or more of your life activities)

Are you a disabled veteran? Yes _____ No _____
(30% VA Compensation or discharged because of a disability incurred in the line of duty)

Are you a Vietnam era veteran? Yes _____ No _____
(180 days Active Duty between August 15, 1964 and May 7, 1975)

Applicant Signature: _____

Date: _____