

Sierra Cascade Family Opportunities – An Equal Opportunity Employer Employment Application

Applicant Information

Last Name	First Name	Middle Initial
Mailing Address		City, State, Zip
Physical Address, if different from mailing		City, State, Zip
Business Phone	Home Phone	Other Phone – number and type
Position applying for: _____		

Personal Information

Have you ever applied to or worked for Sierra Cascade Family Opportunities before? Yes <input type="checkbox"/> No <input type="checkbox"/>								
If yes, when? _____								
Do you have any friends or relatives working for Sierra Cascade Family Opportunities? Yes <input type="checkbox"/> No <input type="checkbox"/>								
If yes, state name(s) and relationship:								
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; border-bottom: 1px solid black;">Name</td> <td style="width: 40%; border-bottom: 1px solid black;">Relationship</td> </tr> <tr> <td style="border-bottom: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> </tr> <tr> <td style="border-bottom: 1px solid black;">Name</td> <td style="border-bottom: 1px solid black;">Relationship</td> </tr> <tr> <td style="border-bottom: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> </tr> </table>	Name	Relationship			Name	Relationship		
Name	Relationship							
Name	Relationship							
If hired, would you have a reliable means of transportation to and from work? Yes <input type="checkbox"/> No <input type="checkbox"/>								
Are you at least 18 year old?..... Yes <input type="checkbox"/> No <input type="checkbox"/>								
Do you speak, write or understand any foreign languages? Yes <input type="checkbox"/> No <input type="checkbox"/>								
If yes, which language(s)? _____								
Are you currently employed?..... Yes <input type="checkbox"/> No <input type="checkbox"/>								
If so, may we contact your current employer?..... Yes <input type="checkbox"/> No <input type="checkbox"/>								
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 <input type="checkbox"/> No <input type="checkbox"/>								
Have you ever been convicted of a criminal offense (Felony or serious misdemeanor)? Yes <input type="checkbox"/> No <input type="checkbox"/>								
If yes, state nature of crime(s), when and where convicted, and disposition of the case*.								
<p>*Must include, 1) All pending and prior criminal arrests and charges related to child sexual abuse, and the status of each arrest or charge; 2) All convictions related to other forms of child abuse and neglect; and 3) All convictions of violent felonies. You may exclude: traffic fines of \$200.00 or less; any offense, other than those related to child abuse and/or sexual abuse or violent felonies, committed before your 18th birthday which was finally adjudicated in a juvenile court or under a youth offender law; or any conviction the record of which has been expunged under Federal or State law; or any conviction set aside under the Federal Youth Corrections Act or similar State authority.</p> <p>(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, date of the offense, the surrounding circumstances, and the relevance of the offense to the position(s) applied for may, however, be considered.)</p>								

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Employment History

List below all present and past employment starting with your most recent employer (last five years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume.

Name of Employer Telephone No.

Type of Business Your Supervisor's Name

Address & Street, City, State, Zip

Dates of Employment: _____ Weekly Pay: _____
From To Starting Ending

Your position and Duties

Reason for Leaving

May we contact this employer for a reference? Yes No

Name of Employer Telephone No.

Type of Business Your Supervisor's Name

Address & Street, City, State, Zip

Dates of Employment: _____ Weekly Pay: _____
From To Starting Ending

Your position and Duties

Reason for Leaving

May we contact this employer for a reference? Yes No

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Education, Training and Experience Information

School	Name and Address	No. of years Completed	Did you Graduate?	Degree or Diploma
High School	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
	Name _____			
	Address _____			
	City, State, Zip _____			
College/ University	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
	Name _____			
	Address _____			
	City, State, Zip _____			
<p>Do you have any other experience, training, qualifications, or skills which you feel make you especially suited for work at Sierra Cascade Family Opportunities?..... Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If so, please explain:</p> <p>_____</p> <p>_____</p>				

References

List persons below, employment *and* personal, references that may be contacted by SCFO staff.

_____	_____
First and Last Name	Telephone No.
_____	_____
Address & Street	City, State, Zip
_____	_____
Occupation	No. of Years Acquainted

_____	_____
First and Last Name	Telephone No.
_____	_____
Address & Street	City, State, Zip
_____	_____
Occupation	No. of Years Acquainted

References continued on next page

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References, continued

_____ First and Last Name	_____ Telephone No.
_____ Address & Street	_____ City, State, Zip
_____ Occupation	_____ No. of Years Acquainted

Please Read Carefully, Initial Each Paragraph and Sign Below

Initials I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

Initials I hereby authorize Sierra Cascade Family Opportunities (SCFO), to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release SCFO, my former employers and all other 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.

Initials I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and SCFO. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or SCFO and that no promises or representations contrary to the foregoing are binding on SCFO unless made in writing and signed by me and SCFO's designated representative.

Initials I acknowledge SCFO personnel are employed on an at-will basis. Employment at-will may be terminated with or without cause and with or without notice at any time by the employee or SCFO.

Initials Should a search of public records (including records documenting an arrest, indictment, conviction, civil judicial action, tax lien or outstanding judgment) be conducted by internal personnel employed by SCFO. I am entitled to copies of any such public records obtained by SCFO unless I mark the check box below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below.

I waive receipt of a copy of any public record described in the paragraph above

Date Applicant's Signature