



Employment Application

An Equal Opportunity Employer

Please Print

Name: _____
Last First Middle

Address: _____
Street City State Zip Code

Telephone #: (____) _____ Cell #: (____) _____

Type of employment desired: ___ Full-Time ___ Part-Time ___ Temporary (Specify dates available below)

Position applied for: _____ Date of Application: _____

Please list equipment operated, training, qualifications or skills that make you especially suited for this position:

Days/times available for work: (Check all that apply)

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Regular							
Overtime							

Date(s) available for work: _____ Salary desired: _____

Are you legally eligible for employment in this county and are of minimum legal age? ___ 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

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodations: ___ Yes ___ No If no, describe the functions that cannot be performed:

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

Have you ever been employed at Sierra Pacific West before? ___ Yes ___ No

If yes, give dates & supervisors: _____

If hired, would you have reliable means of transportation to and from work? ___ Yes ___ No

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? ___ Yes ___ No
(Convictions for marijuana-related offenses that are more than two years old need not be listed.)

If yes, state nature of the crime(s), when and where convicted, and disposition of the case:

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature, date, surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

Are you currently employed? ___ Yes ___ No If yes, may we contact your current employer? ___ Yes ___ No

Have you obtained any special skills or abilities as the result of service in the military? ___ Yes ___ No

If yes, please describe: _____

Do you speak, write or understand any foreign languages? ___ Yes ___ No If yes, please list:

Do you have any safety certifications? ___ Yes ___ No If yes, please list:



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Employment History

List below all present and past employment starting with your most recent employer (last 5 years is sufficient). Account for all periods of unemployment. You must complete this section or attach a resume.

Name of Employer (_____) Telephone Number

Address, City, State, Zip

Dates of Employment (From/To) Your Supervisor's Name

Weekly Pay (Starting/Ending) Your Responsibilities and Duties

Reason for Leaving Contact this employer for references? ___ Yes ___ No

Name of Employer (_____) Telephone Number

Address, City, State, Zip

Dates of Employment (From/To) Your Supervisor's Name

Weekly Pay (Starting/Ending) Your Responsibilities and Duties

Reason for Leaving Contact this employer for references? ___ Yes ___ No

Name of Employer (_____) Telephone Number

Address, City, State, Zip

Dates of Employment (From/To) Your Supervisor's Name

Weekly Pay (Starting/Ending) Your Responsibilities and Duties

Reason for Leaving Contact this employer for references? ___ Yes ___ No

(Please use back side of this form if more space is needed or attach a resume.)



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Educational Background

Starting with your most recent school attended, provide the following information:

School (Include City/State)	Years Completed	Graduate Y / N?	Degree/Diploma/Certificate

References

List names and telephone numbers of three persons not related to you who have knowledge of your work performance within the last three years.

Name	Title	Relationship to you	Telephone Number	Years Known

Please Read Carefully, Initial Each Paragraph and Sign Below

_____ 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 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 Pacific West, Inc. 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 the Company, 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 my interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the Company. 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 the Company, and that no promises or representative contrary to the foregoing are binding on the company unless made in writing and signed by me and the Company's designated representative.

Initials

_____ Should a search of public records (including records documenting an arrest, indictment, conviction, civil judicial action, tax lien or outstanding judgment) to be conducted by internal personnel employed by the Company, I am entitled to copies of any such public records obtained by the Company 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.

Initials

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

Date

Applicant's Signature



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Pre-Employment Drug Screening Consent Form

I hereby give my voluntary consent for a urine and/or blood sample to be collected from me and submitted for an alcohol, drug, and controlled substance screening test. I also consent to the release of the test results to Sierra Pacific West, Inc. for its use. I understand that any positive result will negate the job offer of employment.

Signature

Date

Printed Name