

SKILLS

Please check any boxes corresponding to skills you possess:

Computer*

Telecommunications System*

*Name the specific software/equipment used:

Word Processing*

Spreadsheet*

Bilingual in Speaking / Reading / Writing (circle): _____

Other: _____

Do you have any other expertise, training, qualifications, certifications, or skills which you feel make you especially suited for the position? If so, please explain.

FORMER EMPLOYERS

List below your employment history for the past 10 years, or your last three employers (whichever is greater), starting with your most recent position. You may attach an extra sheet of paper if more room is needed.

NAME AND ADDRESS OF EMPLOYER	TELEPHONE NO.	DATES OF EMPLOYMENT (MM/YY) Fr: To:
JOB TITLE	FIRST AND LAST NAME OF IMMEDIATE SUPERVISOR	
DESCRIBE YOUR JOB DUTIES	DESCRIBE YOUR REASON FOR LEAVING	

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Have you ever been terminated from employment for a reason other than a layoff?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
May we contact your current employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have relatives employed by Sierra Kings Health Care District or an affiliated company? If YES , what are their names and relationship to you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

REFERENCES			
Please list three <i>professional</i> references (exclude relatives) who have a knowledge of your work performance.			
Name	Phone No.	Occupation	Years Acquainted

PLEASE READ AND SIGN BELOW. Applications that have not been signed will be considered incomplete and will not be accepted.

I certify that all information submitted on this application is true and complete. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any falsification, omission, or misrepresentation of material facts may constitute grounds for rejection of this application or immediate dismissal from employment, if hired, regardless of the time elapsed before discovery of the omission or misstatement.

I authorize Sierra Kings Health Care District to thoroughly investigate my references, work record, education and other matters related to my suitability for employment. I further authorize my former employers to disclose to Sierra Kings Health Care District any and all records and information related to my work, and release the company, my former employers and all other persons or entities from any and all liability for issuing, receiving or using such information.

I agree that if employed, I will abide by Sierra Kings Health Care District's policies and procedures. Upon termination, I authorize the release of reference information regarding my work while employed at Sierra Kings Health Care District and release all employees, agents and representatives from any and all claims I may have as a result of such disclosure.

I understand that nothing contained in this application or conveyed during any interview, which may be granted, is intended to create a contract of employment. I understand that employment at Sierra Kings Health Care District is at-will, for no definite period and may be terminated at any time, with or without prior notice, with or without cause, at the option of either myself or the company. Agreements contrary to this policy may only be made in writing, signed by me and two of the company's directors.

Applicant's Signature: _____

Date _____