

Sierra Cascade Family Opportunities – An Equal Opportunity Employer Employment Application

Education, Training and Experience Information

School	Name and Address	No. of years Completed	Did you Graduate?	Degree or Diploma
High School	<hr/> Name <hr/> Address <hr/> City, State, Zip	<hr/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<hr/>
College/ University	<hr/> Name <hr/> Address <hr/> City, State, Zip	<hr/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<hr/>

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 No

If so, please explain:

References

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

<hr/>	<hr/>
First and Last Name	Telephone No.
<hr/>	<hr/>
Address & Street	City, State, Zip
<hr/>	<hr/>
Occupation	No. of Years Acquainted
<hr/>	
<hr/>	<hr/>
First and Last Name	Telephone No.
<hr/>	<hr/>
Address & Street	City, State, Zip
<hr/>	<hr/>
Occupation	No. of Years Acquainted

References continued on next page

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Employment Application**

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

I certify that the facts set forth in the Application for Employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements, omissions or misrepresentations may result in my dismissal. I authorize the Employer to make an investigation of any of the facts set forth in this application and release the Employer from any liability. The employer may contact any listed reference on this application.

Date

Applicant's Signature