It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, disability or other protected classifications.

Please carefully read and answer all questions. You will not be considered for employment if you fail to completely answer all the questions on this application. You may attach a resume, but all questions <u>must</u> be answered.

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 an	nd type
Position applying for:			
	Personal Information		
	for Sierra Cascade Family Opportuni		No 🗆
Do you have any friends or relatives working for Sierra Cascade Family Opportunities? Yes □ No □ If yes, state name(s) and relationship:			
Name		Relationship	
Name		Relationship	
	neans of transportation to and from w		
Do you speak, write or understand a If yes, which language(s)?	ny foreign languages?		Yes 🗆 No 🗆
If so, may we contact your current employer?			
of child abuse and neglect; and 3) All convictions of violent sexual abuse or violent felonies, committed before your 18 ⁴ which has been expunged under Federal or State law; or a	nd charges related to child sexual abuse, and the status of ea felonies. You may exclude: traffic fines of \$200.00 or less; ; ^h bithday which was finally adjudicated in a juvenile court ny conviction set aside under the Federal Youth Corrections be grounds of conviction of a criminal offense. The nature o ion(s) applied for may, however, be considered.)	any offense, other than those related or under a youth offender law; or an Act or similar State authority.	to child abuse and/or ny conviction the record of

Employment History

List below all present and past employme sufficient). Account for all periods of un resume.		
Name of Employer		Telephone No.
Type of Business	Your Supervis	sor's Name
Address & Street, City, State, Zip		
Dates of Employment:	То	
Your position and Duties		
Reason for Leaving		
May we contact this employer for a refere	ence?	
Name of Employer		Telephone No.
Type of Business	Your Supervis	sor's Name
Address & Street, City, State, Zip		
Dates of Employment:	То	
Your position and Duties		
Reason for Leaving		
May we contact this employer for a refere	ence?	

School	Name and Address	No. of years Completed	Did you Graduate?	Degree or Diploma
High School	N		Yes 🗆 No 🗆	
	Name			
	Address			
	City, State, Zip			
College/			Yes 🗆 No 🗆	
University	Name			
	Address			
	City, State, Zip			
List	R persons below, employment <u>and</u> person	References nal, references that m	nay be contacted	by SCFO staff.
First and Last N	Jame		Telephone No.	
Address & Stre	et		City, State, Zip	
Occupation		No. of	f Years Acquainted	
First and Last N	Vame		Telephone No.	
Address & Stre	et		City, State, Zip	
Occupation		No. of	f Years Acquainted	

Education, Training and Experience Information

References continued on next page

ŀ	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