

# SIERRA MENTAL WELLNESS GROUP EMPLOYMENT APPLICATION

Sierra Mental Wellness Group is an Equal Opportunity Employer. Race, color, religion, age, sex, disability, marital or veteran status, place of national origin, sexual preference, and other categories protected by law are not factors in employment, promotion, compensation or working conditions.

Please Print

Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ Message # ( ) \_\_\_\_\_ E-mail \_\_\_\_\_

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

Have you ever applied to, or worked for Sierra Mental Wellness Group before? \_\_\_\_\_

If yes, when? \_\_\_\_\_

Do you have any friends or relatives working for our Company? \_\_\_\_\_

If yes, state name and relationship \_\_\_\_\_

How did you hear about us/this opening? \_\_\_\_\_

State briefly why you would like to work for Sierra Mental Wellness Group \_\_\_\_\_

Are you at least 18 years old? (If under 18, hire is subject to verification that you 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 accommodation? 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/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

## **General Information About Employment Desired**

What position are you applying for? \_\_\_\_\_ Full-time \_\_\_ Part-time \_\_\_

Available to work: Mon \_\_\_ Tue \_\_\_ Wed \_\_\_ Thu \_\_\_ Fri \_\_\_ If part-time, hours per week desired? \_\_\_\_\_

If hired, on what date could you start work? \_\_\_\_\_

Rate of pay/salary desired? \_\_\_\_\_ per \_\_\_\_\_

Are you available to work evenings and nights? \_\_\_ If applicable, are you available to work weekends? \_\_\_\_\_

If applicable, are you able and willing to travel on company business? \_\_\_\_\_

**Education and Training (including on-the-job training):**

	School Name/Location/Sponsor	Number of Years Completed	Did you Graduate?	Degree or Diploma
High School				
Community College				
Trade School				
College/University				
Seminars/Other				

**Special Skills**

Do you speak, write or understand any foreign languages? \_\_\_\_\_

If yes, which language(s)? \_\_\_\_\_

Do you have any other experience, training, qualifications or skills which you feel make you especially suited for work at Sierra Mental Wellness Group? \_\_\_\_\_

If so, explain in detail below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Professional licenses (also list States): \_\_\_\_\_

**Computer Skills**

Hardware:

\_\_\_\_\_  
\_\_\_\_\_

Software:

\_\_\_\_\_  
\_\_\_\_\_

Use the space below to summarize other relevant experience, skills and background:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Employment History:** List below all present and past employment starting with your most recent employer (last 10 years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume.

Name of Company:	_____			
Name of Supervisor:	_____			
Address:	_____			
	Street	City	State	Zip Code
Telephone Number:	(    ) _____			
Position and Duties:	_____			
	_____			
Dates of Employment:	_____			
Reason for Leaving:	_____			May we contact this employer? Yes___ No___

Name of Company:	_____			
Name of Supervisor:	_____			
Address:	_____			
	Street	City	State	Zip Code
Telephone Number:	(    ) _____			
Position and Duties:	_____			
	_____			
Dates of Employment:	_____			
Reason for Leaving:	_____			May we contact this employer? Yes___ No___

Name of Company:	_____			
Name of Supervisor:	_____			
Address:	_____			
	Street	City	State	Zip Code
Telephone Number:	(    ) _____			
Position and Duties:	_____			
	_____			
Dates of Employment:	_____			
Reason for Leaving:	_____			May we contact this employer? Yes___ No___

Name of Company:	_____			
Name of Supervisor:	_____			
Address:	_____			
	Street	City	State	Zip Code
Telephone Number:	(    ) _____			
Position and Duties:	_____			
	_____			
Dates of Employment:	_____			
Reason for Leaving:	_____			May we contact this employer? Yes___ No___

**Please Read Carefully, Initial Each Paragraph, and Sign Below:**

I hereby authorize Sierra Mental Wellness Group (the Company) to thoroughly investigate my references, work records, education, professional credentials, 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 any interview which may be granted or during 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 relationship with the Company is "at-will" – that is, it 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 representations contrary to the foregoing are binding on the Company unless made in writing and signed by me and the Company's designated representative.

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 have personally completed this application. I understand that any misstatement, intentional omission, or attempt to mislead on this application or on any documents 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 understand an offer of employment may be made contingent on passing a job-related physical examination. I agree to submit to a controlled substances screening and physical examination by the Company's designated medical practitioner and at the Company's expense upon receiving a conditional offer of employment from the Company.

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 the Company, I am entitled to copies of any such public records obtained by the Company unless I check 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 below.

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

Initials \_\_\_\_\_

My signature below certifies that I have read and understand these complete pages, and agree to the terms and conditions outlined in this document.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date