

EMPLOYMENT APPLICATION		FOR HUMAN RESOURCES USE ONLY		
Equal Op _l	portunity Employer	Received by:	Date:	Applicant #
WHERE TO FIND VACANCY INFORMATION	Email Address: Andrea@highsierraahec.org High Sierra AHEC 639 Isbell Rd, Ste. 360 Reno, NV 89509	Title:Can you, with or with The essential function Date: Available Date:		modation, perform
GENE	RAL INSTRUCTIONS	CON	TACT INFO	RMATION
application in its entire section and specify the applying. Resume submission is application. Do not us any portion of this applications must be Photocopies are accepted. Make sure to read every initial as required. If you require special of Andrea Gregg. Applications for employed.	employment, complete your ety, sign in the certification e position for which you are optional as a supplement to this se the words "See Resume" on olication. The signed to be considered, otable. Erything in this application and disability accommodations, notify opment will remain active for a eparate application must be	Name: Preferred Nick Name Address: Apt. #: State: Home Phone #: Contact Phone #: Email Address:	:	City: Zip:
		NFORMATION		
Note: High Sierra AHEC employment is made, y	ed to work in the United States? only hires U.S. citizens and lawful ou will be required to provide pro	lly authorized alien wo	thorization	to work in the U.S.
Are you 18 years of age Are you presently emplo	oyed?	If yes, why do you w	ish to make	a change?
and non-solicitation agr	uires that all employees sign a confeement as well as an arbitration age to sign and abide by the above-me	greement. I understan	d that if em	ployed by High Sierra



GENERAL INFORMATION (continued)					
Have you ever been employed by High Sierra AHEC? Yes No If yes	s, when and in what capacity?				
Have you ever volunteered for High Sierra AHEC? Yes No If yes, w	hen and in what capacity?				
Do you have any relatives employed by High Sierra AHEC? Yes No	If yes, who?				
Note: There are limitations on employment of relatives and relationships to a considered separately.	void conflicts of interest. Each ca	se is			
Check this box to certify that you understand that all offers of employment a background check. Initials:	are contingent on satisfactorily pa	ssing			
Applicants who will be driving as part of their job are required to	complete the following:.				
Do you have a current valid driver's license? Yes No State?	Expires?				
Have you ever had your driver's license suspended, revoked, or had your driving Yes No If yes, please explain:	g privileges modified by a court of	law?			
EDUCATION AND TRAINING					
Please describe your highest level of education attained:					
Please list all Business, Vocational, Technical, College and/o	r Universities attended				
•					
Name/Location of Institution Type of Degree and Course of Study (ex. Masters, Public Health) Graduat Yes					
SKILLS AND QUALIFICATIONS					
(Write The Number Of Years Experience In The Box Ne	xt To Each Skill)				
PERSONAL COMPUTERS					
	5				
ExcelCanva					
Hootsuite Constant C	ontact				
PowerPoint Website De	esign (Wix)				
Other (please list):					



	SKILLS AND QUALI	FICATIONS (continued)			
	LICENSES AND	CERTIFICATIONS			
Type of Professiona	Il License or Certification	Expiration	Name of Li	icensing or	
		Date	Certification	on Agency	
	PROFESSIONA	L ORGANIZATIONS			
Please list job-related or	ganizations, clubs, societies or	other associations to w	hich you belong	. Please omit those	
which indicate your race,	religion, creed, national origin	, ancestry, sex, gender,	sexual orientati	on, age or any other	
	category that is protec	ted by state or federal I	aw.		
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3.		4.	4.		
	ADDITIONAL INFO	RMAITON (OPTIONAL)			
Anything additional you wo	ould like us to know?				
		ERENCES			
	of three (3) persons who have k		ears to whom w	e may contact	
	abits and abilities (Personal Ref				
NAME	ADDRESS	RELATIO	ONSHIP	TELEPHONE #	
Diago muovida tia a sassa sa	(2) manages that have	ا المالية الما	onional caracit	(at least one of which	
· · · · · · · · · · · · · · · · · · ·	of two (2) persons that have wo	rked with you in a profe	essional capacity	(at least one of which	
should have had a supervis		DELATI	ONCLUD	TELEBUIONE #	
NAME	ADDRESS	RELATIO	UN2HIP	TELEPHONE #	
				 	
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EMPLOYMENT RECORD n detail. If you have had les

Describe your work experience for the last 10 years in detail. If you have had less than 3 jobs in the last 10 years, describe your last 3 jobs. Use a separate block to describe each position. Include military service and job related volunteer work, if applicable. Include and provide an explanation for any gaps in employment. If needed, attach additional sheets, available on-line or at the receptionist desk. All information in this section must be completed. Resume information can not be accepted in lieu of application requested information. Note: Applications are screened and ranked for interview qualification purposes based on the degree to which previous duties, experience and responsibilities meet the requirements of the position for which you are applying.



EMPLOYER COMPANY NAME:		TYPE OF BUSINESS
STREET OR MAILING ADDRESS		YOUR OFFICIAL JOB TITLE
CITY AND STATE	TELEPHONE ()	REASON FOR LEAVING
DATES OF EMPLOYMENT (MM/DD/YR) FROM / / TO / /	SALARY	NAME (S), IF DIFFERENT, WHILE EMPLOYED WITH THIS EMPLOYER:
NAME OF SUPERVISOR	TITLE	TELEPHONE ()
ALTERNATE NAME OF PERSON WHO CAN VERIFY THIS EMPLOYMENT:	TITLE	TELEPHONE ()
PLEASE LIST TH	IE MAJOR DUTIES INVOLV	ZED WITH THIS EMPLOYMENT
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Applicant: Please read carefully and sign before submitting this application.

The foregoing is an accurate statement of the facts to the best of my knowledge. I understand that any falsification, incomplete information or misrepresentation may be reason to refuse me employment or cause disciplinary action, including termination of employment, if hired and discovered later. I also understand that all offers of employment are conditioned upon providing satisfactory proof of my identity and legal eligibility to work in the United States, and on satisfactory completion of an employment background check.

I understand and agree that my employment is at-will, that nothing in this application or in any other expressed or implied agreement shall be deemed to create or become part of any contract of employment for a specified term between me and high Sierra AHEC and that my employment can be terminated at any time by me or the Company for any or no cause. I understand and agree that any statements to the contrary whether oral or written are expressly disavowed and are not to be relied upon by me. I understand that no representative of this Company, other than by vote of the full Board of Directors, has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing. Further, the Board of Directors may not alter the at-will nature of the employment relationship unless it is done in a specific written employment agreement for a fixed term.

I hereby authorize the Company to investigate my record which may include verification of information with federal, state, and local authorities. I also authorize my present and former employers, school officials, and any persons I name as references to give information regarding me, whether or not it is on its records. I hereby release the Company and its representatives from liability for seeking such information and all other persons, corporations, or organizations from furnishing such information. I also authorize the Company to give information concerning me to prospective employers in the future and release the Company and its employees from any liability whatsoever.

I agree to abide by all Company policies and procedures. I understand the Company may amend their benefits, policies and/or procedures at its discretion and that these benefits, policies and/or procedures do not constitute an employment contract. All such benefit information, policies and procedures are available to employees through the Human Resources office.

High Sierra AHEC is an Equal Opportunity Employer. We consider applicants for all positions without discrimination because of race, color, religion, sex, national origin, age, marital or veteran status, sexual orientation, the presence of a non-job related medical condition or handicap, or any other legally protected status.

We will give this application every consideration. However, in accepting it, the Company makes no commitment of employment to the applicant.

Applicant Name (Please Print)	Applicant Signature	Date
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