

EMPLOYMENT APPLICATION–Nevada-Sierra Regional IHSS Public Authority

Selection Committee, 466 Brunswick Rd, Grass Valley, CA 95945 (530) 274-5601, Fax (530) 274-5602

Complete this application, sign it, and mail or deliver it with any other required documentation to the address above.

1. Date: _____
2. Position Applying For: _____
(If applying for more than one position, use a separate Application for each.)
3. Name: _____
First
Last
M.I.
4. Mailing Address: _____
Number and Street or P.O. Box
- _____
- City
State
ZIP
5. Telephone: _____
Home
Work
6. Social Security Number: (Optional)
7. Drivers License Number
 Class: Expiration Date:
8. If you have ever been known by any other name, please print that name here:

9. Are you under 18 years of age? Yes No
10. Have you been convicted of a crime, felony, misdemeanor, or citation within the last 7 years? (Exclude minor traffic violations for which you paid a fine of \$60 or less.) If YES, give details on Page 2, Item 24. Yes No
11. Have you ever been discharged from any employment or forced to resign? If YES, give details on Page 2, Item 24.) Yes No
12. Are you related by blood or marriage to any person presently employed by the Nevada Sierra Regional IHSS Public Authority? Yes No
 If YES, give name, relationship on Page 2, Item 24.
13. Did you graduate from high school? Yes No
 If NO, do you have a G.E.D. certificate? Yes No
14. Are you available for work (check all that apply):
 Full-time Part-time Shift Work Temp
15. Are you willing to accept employment in the Truckee Area (Eastern Nevada County)? Yes No
16. Can you perform the essential duties of the job as listed on the job announcement? (If NO, give details on Page 2, Item 24.) Yes No
17. Are you prevented from becoming lawfully employed in this country because of visa or immigration status? (Proof of citizenship or immigration status will be required upon employment.) Yes No
18. Colleges and Schools after high school. (**Attach non-returnable copies of degrees, certificates or transcripts.**)
19. If a license or certificate is a requirement of the position for which you are applying, and you possess the license or certificate, give the following information (**Attach non-returnable copies of licenses or certificates issued.**):

Name of College <small>Indicate if Graduate School or College</small>	Major	Years Attended <small>(From/To)</small>	Did You Graduate?	Total Units Or Hours	Degree Rcvd/Year

20. Special Skills (**Attach non-returnable copy of typing certificate, if required for position**):
 Typewriter/keyboard _____ wpm
 Multi-lingual (Languages: _____)
 Computer: Word Processing Spreadsheet Database Other
21. How did you learn of this position?
 Publication: _____ Website: _____
 Other _____
22. May we contact your present employer? Yes No (Be advised if you become a finalist for the position, we *must* contact your employer.)
23. EXPERIENCE. Be careful to include the following when filling in the spaces below:
 1. Show your jobs in reverse order with the present job first.
 2. Use a separate block for each job title (even those with the same employer).
 3. Show all employment for the past 10 years.
 4. Account for periods of unemployment in excess of 90 days.
 5. Please use additional sheets if necessary to describe job duties.
 6. Keep in mind – your acceptance depends on the completeness and applicability of the information shown.
 7. Show exact job title and specific duties you performed.

NOTE: Applicants are considered for all positions, and employees are treated during employment, without regard to race, color, religion, gender, national origin, age, disability, or any other prohibited basis of discrimination, as provided under applicable state or federal law. Federal law obligates us to provide reasonable accommodation to the known disabilities of applicants, unless to do so would pose an undue hardship. Please notify us if you need an accommodation to complete the application process. A physician's note may be required.

(CONTINUE TO SECOND PAGE OF THIS FORM)

Title	Number	Issue Date	Exp Date

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FROM _____ /_____ Month/Year	TO _____ /_____ Month/Year	Your Job Title: _____ Last Salary: _____ Your Duties: _____ Reason For Leaving: _____	Employer's Name: _____ Address: _____
FROM _____ /_____ Month/Year	TO _____ /_____ Month/Year	Your Job Title: _____ Last Salary: _____ Your Duties: _____ Reason For Leaving: _____	Employer's Name: _____ Address: _____
FROM _____ /_____ Month/Year	TO _____ /_____ Month/Year	Your Job Title: _____ Last Salary: _____ Your Duties: _____ Reason For Leaving: _____	Employer's Name: _____ Address: _____
FROM _____ /_____ Month/Year	TO _____ /_____ Month/Year	Your Job Title: _____ Last Salary: _____ Your Duties: _____ Reason For Leaving: _____	Employer's Name: _____ Address: _____
FROM _____ /_____ Month/Year	TO _____ /_____ Month/Year	Your Job Title: _____ Last Salary: _____ Your Duties: _____ Reason For Leaving: _____	Employer's Name: _____ Address: _____

24. Explanation of items 9, 10, 11, and 16 on the first page of Application. (This section may also be used to show technical or professional organizations, to which you belong, or any special awards or accomplishments.) **Please Note #10:** Conviction will not necessarily disqualify an applicant from employment. The recency, severity, and pertinence of the conviction to the job will all be considered.

25. Certificate of Applicant (Read this statement carefully before signing):

These answers are true and complete to the best of my knowledge. The Nevada-Sierra Regional IHSS Public Authority (N-SRIHSSPA) may investigate all statements contained in this application, and I understand that any false or misleading information provided during the application or interview process will result in withdrawal from consideration for employment or potential disciplinary action if I am hired, regardless of when discovered. I understand that this application is not a contract of employment. I also understand that certain positions with the N-SRIHSSPA are "at will" positions which mean the employment relationship between me and the N-SRIHSSPA is terminable-at-will so that both the N-SRIHSSPA and I remain free to choose to end our work relationship at any time for any or no reason. I also understand that any offer of employment may be conditioned upon a health evaluation by a doctor selected by the N-SRIHSSPA, to determine whether I can perform the job duties. In addition, I understand a drug or alcohol test may be required depending on (N-SRIHSSPA) policy. I authorize the N-SRIHSSPA to make a thorough investigation of my past employment, education and job-related activities, and I release from liability all persons, companies and corporations supplying such information. I also indemnify this N-SRIHSSPA against any liability which might result from making such investigation. Additionally, I authorize the N-SRIHSSPA to supply my employment record, in its sole discretion, in whole or in part, to any prospective employer, government agency, or other party, with an interest the N-SRIHSSPA deems appropriate.

Signature Date

26. REFERENCES: (Must be persons over 21 years of age who have known you for more than one year and are not related to you by blood or marriage.)

Name:	Address:	Phone:
Name:	Address:	Phone:
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