

HIGH SIERRA INDUSTRIES

APPLICATION FOR EMPLOYMENT

HSI is an equal opportunity, affirmative action, and drug free employer. No question on this application is asked for the purpose of excluding any applicant's consideration for employment because of race, color, religion, sex, age, national origin, veteran's status or disability or any other status protected by state and federal law. Any applicant will be immediately rejected for employment or, if hired, terminated without notice for giving false information in this application or failing to accurately provide information requested. If hired, employment is at will for no fixed term and the company or the employee can terminate employment at any time. Applications not completely filled out will be rejected.

If you are applying for a position that requires you to drive individuals or company vehicles, you must have a clean driving record. Our insurance requires that employees driving for HSI have clean driving records to drive supported individuals or company vehicles. If we are informed after you have been hired that you have demerits, or if you received demerits after you have been hired, your employment with HSI can be terminated. If you do have demerits on your driving record we may have positions that do not require driving. DMV driving history reports are reviewed annually.

GENERAL INFORMATION

1. Full Name _____ Last four digits of Social Security #: _____
(Last) (First) (Middle)

List all other names you have worked under or are known by: _____

2. Address _____ Telephone No. _____
(No.) (Street) (City) (State) (Zip)

Mailing address, if different _____

How long have you been a resident of the city in which you reside? _____

Last previous address _____
(No.) (Street) (City) (State) (Zip)

3. If hired, can you furnish proof of age? Yes No

(An offer of employment, if made, will be subject to verification that applicant's age meets legal & insurance requirements.)

4. For what position are you applying?

1st choice: _____ 2nd choice: _____ 3rd choice: _____

5. Are you now working more than one job? Yes No If "yes", please explain: _____

6. List any computer applications with which you are familiar: _____

7. Do you have any work-related military experience in a federal or state unit? Yes No

If "yes" please explain: _____

8. Have you ever been terminated or asked to resign? Yes No
 If "yes" please explain: _____
9. Have you ever been an employee of this company under your own name or another name? Yes No
 If "yes" please give name: _____
10. Do you have a means for getting to work regularly? Yes No
11. If an offer of employment is made, prior to your commencement of employment duties, you will be required to take a drug test, the results of which may affect the offer of employment. Are you willing to undergo such an examination? Yes No

EMPLOYMENT HISTORY: Please be detailed and accurate to avoid disqualification.

List employers in chronological order starting with your current employer.

1. Name of last Employer: _____ Telephone No. _____
 Address: _____
 Name of immediate supervisor: _____
 From: ____ To: ____ Position: _____ Reason for Leaving: _____ Pay: \$ _____
2. Name of next previous Employer: _____ Telephone No. _____
 Address: _____
 Name of immediate supervisor: _____
 From: ____ To: ____ Position: _____ Reason for Leaving: _____ Pay: \$ _____
3. Name of last Employer: _____ Telephone No. _____
 Address: _____
 Name of immediate supervisor: _____
 From: ____ To: ____ Position: _____ Reason for Leaving: _____ Pay: \$ _____
4. Name of next previous Employer: _____ Telephone No. _____
 Address: _____
 Name of immediate supervisor: _____
 From: ____ To: ____ Position: _____ Reason for Leaving: _____ Pay: \$ _____
5. Name of next previous Employer: _____ Telephone No. _____
 Address: _____
 Name of immediate supervisor: _____
 From: ____ To: ____ Position: _____ Reason for Leaving: _____ Pay: \$ _____
6. Name of next previous Employer: _____ Telephone No. _____
 Address: _____
 Name of immediate supervisor: _____
 From: ____ To: ____ Position: _____ Reason for Leaving: _____ Pay: \$ _____

Use the space below to give us further details or information in connection with what you wrote above which you believe should be explained. For example, if you have moved several times or your jobs were of short duration.

a. Are you over 18 years of age? Yes No

b. Will you have a problem should the business require you to work overtime? Yes No

c. As per government agency requirements, HSI cannot hire any person who has been convicted of:

1) Murder, voluntary manslaughter or mayhem; **2)** Assault with intent to kill or to commit sexual assault or mayhem; **3)** Sexual assault, statutory sexual seduction, incest, lewdness, indecent exposure or any other sexually related crime. **4)** Abuse or neglect of a child or contributory delinquency; **5)** A violation of any federal or state law regulating the possession, distribution or use of any controlled substance or any dangerous drug as defined in chapter 454 of NRS, within the past 7 years; **6)** A violation of any provision of or NRS 200.700 through 200.760; **7)** Criminal neglect of a patient as defined in NRS 200.495; **8)** Any offense involving fraud, theft, embezzlement, burglary, robbery, fraudulent conversion or misappropriation of property, within the immediately preceding 7 years; or **9)** Any other felony involving the use of a firearm or other deadly weapon within the immediately preceding 7 years; **10)** Abuse, neglect, exploitation or isolation of older persons; **11)** Kidnapping, false imprisonment or involuntary servitude; **12)** Any offense involving assault or battery, domestic or otherwise; **13)** Aiding, abetting or permitting the commission of any illegal act; **14)** Conduct inimical to the public health, morals, welfare and safety of people of the State of Nevada in the maintenance and operation of the premises for which a provider contract is issued. **15)** Conduct or practice detrimental to the health or safety of the occupants or employees of HSI, or **16)** Any other offense determined by the Division to be inconsistent with the best interest of all individuals receiving services by HSI.

Have you ever been convicted of any of the above items or a misdemeanor or felony involving abuse, neglect or misappropriation of property per NRS 449.188 under your own name or another name?

(Do not include traffic tickets) Yes No

d. List the languages you speak, read and write fluently: _____

e. Education:

School	Name of School	Graduated		Date Left	Major/Minor Courses Taken	Degree
		Yes	No			
<input type="checkbox"/> High School						
<input type="checkbox"/> College						
<input type="checkbox"/> Graduate Work						
<input type="checkbox"/> Trade or Business						

f. From what state(s) do you currently possess a valid driver's license? _____

List out-of-state driver's license identification number if applicable : _____

h. Are you a US Citizen? Yes No If not a U.S. Citizen, if an offer of employment is extended can you provide proof of work eligibility for the U.S.? Yes No Visa Type: _____

Optional question:

g. What prompted your application? Employment Agency Own Accord Advertisement

Employee Referral Employee Name: _____

Other: _____

PERSONAL REFERENCES:

List the name and contact information for three (3) references whom we can contact should an offer of employment be extended. Please consider references whom are able to verify your work experience.

1. Name: _____ Telephone Number: _____

Relationship: _____

2. Name: _____ Telephone Number: _____

Relationship: _____

3. Name: _____ Telephone Number: _____

Relationship: _____

AFFIDAVIT – PLEASE READ CAREFULLY

To the best of my knowledge, I have truthfully disclosed all information asked for in this application.

I authorize contact with any person or entity named in this application and any other person or entity who may have knowledge concerning my past for the purpose of obtaining information material to my qualifications and suitability for employment.

I authorize all those with whom I am acquainted – previous employers, physicians, professionals, institutions, neighbors, friends, agencies asked to provide criminal conviction history and others – to furnish any and all information they may have concerning me which may be material to my qualifications and suitability for the job for which I have applied.

I understand and agree that nothing in this application is intended to imply or create an employment relationship or contract of employment. I also understand and agree that, if hired, my employment is for no definite period and may, regardless of date of payment of my wages, be terminated at any time at the sole discretion of the company or by me with or without prior notice, with or without reason. I acknowledge that no representative of the company other than a designated executive officer can enter into any agreement to the contrary. I also understand that any employment with the company will require me to observe company rules, policies and procedures which I realize may be changed at any time without notice. I hereby fully release the company, its agents and any person or entity that provides or receives information pursuant to this Affidavit from any and all liability and any damage which may arise there from.

This application will be kept under active consideration for thirty (30) days from the date of application shown below.

Applicant Signature: _____

Date: _____

Received by: _____
(Signature of employer representative)

Date/Time: _____

FOR INTERVIEW USE ONLY

Interviewed: Date & Time: _____ Interviewer: _____

Job Position: _____ Starting pay: \$_____ per _____

If hired, emergency contact is: Name: _____ Telephone: _____

Address: _____

Application Outcome: Check Appropriate Space

- Hired for position
- Conditional employment offered
(Specify): _____
- Position offer declined due to acceptance of another offer
- Position offer declined due to salary
- Position offer declined due to working hours
- Position offer declined due for other reason
(Specify): _____
- Position offer declined and gave no reason
- Candidate was offered position but later was disqualified
(e.g. back ground check, drug screen,etc)

- Unsuccessful Candidate: possesses minimal qualification but more qualified candidate was hired
- Unsuccessful Candidate: does not meet previous work experience requirement
- Unsuccessful Candidate: does not meet skills requirement
(specify): _____
- Applicant withdrawal: did not return telephone calls
- Applicant withdrawal: did not show for interview
- Applicant withdrawal: prior to offer refusing to proceed with medical exam or drug testing
- Applicant withdrawal: incomplete application process

Affirmative Action Plan Information

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In an effort to comply with government record keeping requirements, we ask that you VOLUNTARILY complete this form. The U.S. government is empowered to require employers to report the number of their applicants and employees in the racial, ethnic and veteran groups listed below. While employers are permitted to determine the group identification listed below by visual survey, we believe that in order to avoid mistakes and misunderstanding, every applicant should have the opportunity to answer the questions personally.

This information will only be used for reporting to governmental agencies. It will not be used in determining eligibility for employment and will be kept separate from the application form.

NAME:

Last	First	Initial
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SEX: _____ Female _____ Male

ETHNIC BACKGROUND: (Mark Appropriate Box Below)

<input type="checkbox"/> Caucasian/White	<input type="checkbox"/> American Indian/Alaska Native
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Asian
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Native Hawaiian/Pacific Islander
<input type="checkbox"/> Two or More Races	<input type="checkbox"/> Other

DEFINITIONS: Federal government regulations define the racial and ethnic classifications as follows:

Caucasian/White (Not Hispanic Origin) – All persons have origins in any of the original peoples of Europe, North Africa, or the Middle East.

Black or African American (Not Hispanic Origin) – All persons having origins in any of the Black racial groups of Africa.

Asian – All persons having origins in any of the ordinal peoples of the Far East, Southwest Asia, the Indian Subcontinent. This area includes, for example, China, Japan, Korea, the Philippine Islands, India, and Pakistan.

Native Hawaiian or Pacific Islander - All persons having origins of in any of the original peoples of the Hawaiian Islands or the Pacific Islands. This includes, for example, Guam, Samoa, Fiji, and Tonga.

American Indian or Alaska Native - All persons having origins in any of the original peoples of North America, and who maintain cultural identification through affiliations company or community recognition.

Hispanic or Latino - All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin regardless of race.

MILITARY STATUS: (Please select one of the following if applicable)

_____ Vietnam Era Veteran

_____ Veteran who served in the Active Military, Naval or Air Service in the Southwest Asia Theatre of Operations
(8-2-90 to 1-2-92 Persian Gulf)

REFERRAL: (Mark all applicable)

_____ Walk-In _____ Employment Agency _____ State Job Service _____ Employee Referral

_____ School (Specify) _____ _____ Advertisement

_____ Other (Specify) _____

Signature

Date