



1699 HIGHWAY 273, P.O. Box 33
ANDERSON, CA 96007
(530) 378-2600
WWW.LASSENPAKFOUNDATION.ORG

APPLICATION FOR EMPLOYMENT

Date of Application: ____/____/____

Position Desired: _____

NOTE: Please fill out completely—incomplete applications may be rejected.

SECTION I: PERSONAL INFORMATION

Name: _____
(Last) (First) (Middle)

Previous or Maiden Names: _____ Social Security Number ____ - ____ - ____

Current Address:

Street No. _____

City _____ State _____ Zip _____

How long have you lived at this address? _____

If less than 10 years, please list previous addresses:

1. _____

2. _____

Home Phone: (____) _____ Cell Phone: (____) _____ Email: _____

SECTION II: EMPLOYMENT INFORMATION

Are you at least 18 years of age? Yes No

If hired, can you present proof of your legal right to work in the United States? Yes No

Have you been convicted of a criminal offense or have you plead guilty or no contest to a criminal offense? Do not include minor traffic offenses. Yes No

Note: Conviction of a crime will not necessarily disqualify you from employment.

If yes, please provide the approximate date, place (county and state) and the nature of each offense: _____

Please indicate professional memberships, certificates or licenses held (exclude those indicating race, color, religion, sex, national origin, physical or mental disability, labor organization affiliations or other protected characteristics). If you need more space, please attach additional sheets as necessary.

Type of License: _____ Issuing State _____ License/Certificate #: _____

Has your license/certification ever been revoked or suspended? Yes No

If yes, state reason(s), date of revocation or suspension and date of reinstatement: _____

How did you learn of this position? _____

Have you ever been previously employed by our company? No Yes If yes, when? _____

Are any relatives or persons with whom you are involved in a close relationship employed by our company? Yes No

If yes, please provide the person's name: _____

SECTION III: EDUCATIONAL BACKGROUND, MILITARY SERVICE, PROFESSIONAL POSITIONS & ADDITIONAL INFORMATION

EDUCATION	NAME AND ADDRESS OF SCHOOL	COURSE OF STUDY	# OF YEARS ATTENDED				LIST DEGREE/DIPLOMA RECEIVED
			1	2	3	4	
<u>High School</u>			1	2	3	4	
<u>College</u>			1	2	3	4+	
<u>Graduate</u>			1	2	3	4+	
<u>Technical or Business School</u>			1	2	3	4+	
<u>Other</u>			1	2	3	4+	

Indicate languages you speak fluently: Language _____ Speak Read Write
 _____ Speak Read Write

If you have any additional relevant educational, vocational and/or professional experience, such as special areas of research or study, training, seminars, etc... please indicate such information here: _____

MILITARY SERVICE:

Were you in the Armed Forces? Yes No If yes, what branch: _____

Dates of Service: (Month/Year) From ___/___/___ To ___/___/___

List duties in Service, including special training:

SECTION IV: EMPLOYMENT HISTORY Starting with your most recent employer, please describe your employment history for the last 10 years. If you were unemployed for more than 90 days, please note the beginning and ending of any such periods of unemployment. Attach additional sheets if necessary.

*Current (or most recent) Employer Name: _____

Address: _____

Dates Employed: From: ____/____/____ To: ____/____/____ Salary: Start \$ _____ Ending \$ _____

Position(s) Held: _____

Name and Title of Immediate Supervisor and Contact Number: _____

Describe your duties: _____

If this is your current employer, may we contact? Yes No

Reason for Leaving (if applicable): _____

*Name of Employer: _____

Address: _____

Dates Employed: From: ____/____/____ To: ____/____/____ Salary: Start \$ _____ Ending \$ _____

Position(s) Held: _____

Name and Title of Immediate Supervisor and Contact Number: _____

Describe your duties: _____

Reason for Leaving: _____

*Name of Employer: _____

Address: _____

Dates Employed: From: ____/____/____ To: ____/____/____ Salary: Start \$ _____ Ending \$ _____

Position(s) Held: _____

Name and Title of Immediate Supervisor and Contact Number: _____

Describe your duties:

Reason for Leaving: _____

Have you ever been involuntarily terminated from any prior employment? ____ Yes ____ No

If yes, give details of termination, including date of termination, employers name and reason for termination:

SECTION V. REFERENCES Please provide the names, addresses and phone numbers of two references we may contact who are not related to you.

Name	Address	Phone Number	Relationship To You
_____	_____	_____	_____
_____	_____	_____	_____

Name	Address	Phone Number	Relationship To You
_____	_____	_____	_____

SECTION VI. ACKNOWLEDGEMENT/SIGNATURE.

I certify that all the information submitted by me on this application is true and complete and I understand that any false information or omissions will lead to rejection of my application, or if I am employed, discipline up to and including termination when such false information or omissions are discovered.

I authorize investigation of all statements contained in this application, authorize EMPLOYER/LASSEN PARK FOUNDATION (“EMPLOYER”) to secure information about my background and experience from former employers, educational institutions, relevant agencies, and any other entities, and I authorize those parties to provide information to EMPLOYER concerning my background and experience. I release EMPLOYER and all parties providing EMPLOYER information regarding my background and experience from any liability whatsoever arising therefrom.

My signature below certifies that I understand that if I am extended an offer of employment by EMPLOYER, my employment is contingent upon satisfactory completion of a background check, medical examination, including a drug test, and submission of proof that I have the credentials and/or licenses necessary for the position offered.

I understand that if I am employed, my employment with EMPLOYER may be terminated for any reason, with or without cause or notice, and at any time, by me or EMPLOYER. Nothing in this application or any oral or written statement provided to me by EMPLOYER will limit these rights to terminate my employment at will and no one will have any authority to change this at-will relationship, unless such a change is in writing, signed by the Chair, Board of Directors, or his/her designee, of EMPLOYER.

I understand that this application is only valid for the position applied for at present and that EMPLOYER is not obligated to retain or consider this application for future openings.

EMPLOYER AND I AGREE THAT IN CONSIDERATION FOR MY SUBMISSION AND EMPLOYER’S ACCEPTANCE OF THIS APPLICATION FOR EMPLOYMENT, EMPLOYER AND I WILL RESOLVE ANY AND ALL PREVIOUSLY UNASSERTED CLAIMS, DISPUTES, OR CONTROVERSIES ARISING OUT OF OR RELATING TO MY APPLICATION OR CANDIDACY FOR EMPLOYMENT WITH EMPLOYER, OR, IF HIRED, MY EMPLOYMENT OR TERMINATION FROM EMPLOYER, EXCLUSIVELY BY NON-JURY TRIAL, BEFORE A DULY ELECTED OR APPOINTED JUDGE OR MAGISTRATE. THUS, BY MY SIGNATURE BELOW, I VOLUNTARILY AND KNOWINGLY WAIVE ANY RIGHTS I MAY HAVE TO A JURY TRIAL IN ANY COURT ACTION BROUGHT BY ME AGAINST EMPLOYER OR ITS AGENTS OR EMPLOYEES.

Unless controlling legal authority requires otherwise, there shall be no right or authority for any dispute to be heard or tried on a class action basis, as a private attorney general, or in a purported representative capacity on behalf of the general public, any other applicants for employment with EMPLOYER, or other persons similarly situated. I further understand and agree that EMPLOYER’s acceptance of this application for employment does not obligate EMPLOYER to offer me employment.

Applicant Signature: _____

Date: _____

Printed Name: _____