SIERRA TRIBAL CONSORTIUM, INC. / TURTLE LODGE

An Equal Opporti	unity Employer			
Please Print				
Date	Last Name	First Name	Middle	
Present Address				
No. & Street		City	State	Zip Code
Permanent Addre	ess (if different from present	t address)		
No. & Street		City	State	Zip Code
Business Phone	Home Phone			
Employment Des	sired			
Position applying	g for:			
Are you applying	for:			
Regular fu	II-time work?			Yes No
Regular pa	rt-time work?			Yes No
Temporary	y work, e.g., summer or holida	y work?		Yes No
Other than time o when you are una		ur religion, a disability or a medical o	condition, are there	any days or times
If applying for ten	nporary work, during what p	period of time will you be available	?	
From:		To:		
Would you be availa	able to work over time, if neces	sary?		Yes No
If hired, what date	e can you start work?			

Personal Information	
How did you hear about our company and this job opening?	
Have you ever applied to or worked for	before? Yes No
If yes, when?	
Why are you applying for work at SIERRA TRIBAL CONSORTIUM, INC. / TURTLE LDOGE ?	
If hired, would you have a reliable means of transportation to and from work?	Yes No
Are you at least 18 years old? (If under 18, hire is subject to verification that you are of minimum legal age.)	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 Fair Employment and Housing Act (FEHA) and the Americans with Disabilities Act (Al	DA). We consider reasonable

(Note: We comply with the Fair Employment and Housing Act (FEHA) and the Americans with Disabilities Act (ADA). We consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. New hires may be subject to passing a medical examination, and to skill and agility tests.)

We may refuse to hire relatives of present employees if doing so could result in actual or potential problems in supervision, security, safety or morale, or if doing so could create conflicts of interest.

chool	Name and Address			No. of Years Completed	Did you Graduate?	Degree oi Diploma
ligh chool					Yes No	
	Name					
	Address					
	City	State	Zip Code	_		
llege/					Yes No	
iversity	Name					
	Address					
	City	State	Zip Code	_		
cational/_					□Vaa □ Na	
siness	Name				Yes No	
	Address					
	City	State	Zip Code	_		
alth Care					☐ Yes ☐ No	
ining	Name					
	Address					
	City	State	Zip Code	_		

Answer the following questions if you a	re applying for a professional pos	sition:
Are you licensed/certified for the job applied fo	r?	Yes No
Name of license/certification:		Issuing state:
License/certification number:		
Has your license/certification ever been revoke	ed or suspended?	Yes No
If yes, state reason(s), date of revocation	or suspension, and date of reinstaten	nent.
Employment History List below all present and past employment You must complete this section even if attack		oyer (last five years is sufficient).
Name of Employer	Phone Number	
Type of Business	Your Supervisor's Name	
Address & Street	City	State Zip Code
Dates of Employment:		
From	То	
Your Position and Duties		
Reason for Leaving		
Current employer?		Yes No
May we contact this employer for a reference?		Yes No
Name of Employer	Phone Number	
Type of Business	Your Supervisor's Name	
Address & Street	City	State Zip Code
Dates of Employment:		
From	То	
Your Position and Duties		
Reason for Leaving		
		Yes No

Name of Employer			Phone Number		
ype of Business			YourSupervisor's Name		
ddress & Street			City	State	Zip Code
ates of Employment:					
	From	То			
our Position and Duties					
Reason for Leaving					
Nay we contact this emp	loyer for a refer	ence?			′es N
Name of Employer			Phone Number		
Гуре of Business			Your Supervisor's Name		
Address & Street			City	State	Zip Code
ates of Employment:					
	From	То			
Your Position and Duties					
Reason for Leaving					
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Name of Employer			Phone Number		
Type of Business			Your Supervisor's Name		
Address & Street			City	State	Zip Code
Dates of Employment:					
	From	То			
Your Position and Duties					
Reason for Leaving					

References

First Name	Last Name		Phone	Number
Address & Street		City	State	Zip Code
Occupation		No. of Years Acquainted		
First Name	Last Name		Phone	Number
ddress & Street		City	State	Zip Code
Occupation		No. of Years Acquainted		
First Name	Last Name		Phone	Number
Address & Street		City	State	Zip Code
Occupation		No. of Years Acquainted		

e. I further certify that I, the und nd that any omission or misstat cure employment shall be grouployed, regardless of the time euthorize SIERRA TRIBAL CONS, work record, education and oackground information) unless of to disclose to the company and rds, without giving me prior not my former employers and all or I claims, demands or liabilities as	
s, work record, education and or ackground information) unless of the disclose to the company and rest, without giving me prior not my former employers and all or I claims, demands or liabilities at .	ner matters related to my suitability for employment (excluding therwise specified above. I further authorize the references I and all letters, reports and other information related to my be of such disclosure. In addition, I hereby release the ner persons, corporations, partnerships and associations from
ackground information) unless of to disclose to the company and rds, without giving me prior not my former employers and all of I claims, demands or liabilities a	therwise specified above. I further authorize the references I and all letters, reports and other information related to my ce of such disclosure. In addition, I hereby release the ner persons, corporations, partnerships and associations from
r during my employment, if hire ompany. In addition, I understar r determinable period and may either myself or the Company, a	application, or conveyed during any interview which may be , is intended to create an employment contract between me d and agree that if I am employed, my employment is for no e terminated at any time, with or without prior notice, at the ad that no promises or representations contrary to the ess made in writing and signed by me and the Company's
· · · · · · · · · · · · · · · · · · ·	s hired will be required to verify identity and eligibility to work equired employment eligibility verification document form
	luding those with criminal histories, in a manner consistent
	Fair Chance" laws. Applicant's Signature