

Siefra Mailina, inc.
P.O. Box 56
45795 Tollhouse Road
Shaver Lake, Ca 93664
(559) 841-3324 • (559) 841-2156 FAX
www.sierramarina.com
info@sierramarina.com

INC

Telephone (___)____

 Days/hours available to work

 No Pref ______ Thur _____

 Mon ______ Fri _____

 Tue _____ Sat _____

 Wed ______ Sun ______

Professional School

If under 18, please list age _____

Employment Application Form

PLEASE PRI INFORMATION R EXCEPT SIG	REQUESTED							
APPLICATION FOR EMPLOYMENT APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS								
PLEASE COMPLE	TE PAGES 1-5	,		DATE _				
Name	Last	First		Middle			Maiden	
	Lasi	FIISL		Middle			Maiden	
Present address								
	Number	Street	City	State	Zip			
How long		Social Security No. – –						

Position applied for (1) _____and salary desired (2) _____(Be specific)

How many hours can you work weekly?		Can you work nights?			
Employment desired □FULL-TIME ONLY		□PART-TIME ONI	LY ☐FULL- OR PART-T	IME	
When available for work	·?				
TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE	
High School					
College					
Bus, or Trade School		·	· · · · · · · · · · · · · · · · · · ·		

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PLEASE PRINT ALL **INFORMATION REQUESTED EXCEPT SIGNATURE**

ARE YOU NOW A MEMBER OF THE NATIONAL

GUARD?

DDI ICATIONI EOD EMDI OVMENT	

APPLICATION FOR EMPLOYMENT DO YOU HAVE A DRIVER'S LICENSE? ☐ Yes ☐ No What is your means of transportation to work? Driver's license _____ State of issue _____ number _____ Operator ☐ Commercial (CDL) ☐ Chauffeur Expiration date Have you had any accidents during the past three years? How many? _____ How Many? _____ Have you had any moving violations during the past three years? OFFICE ONLY ☐ Yes Word ☐ Yes □ No ____ WPM □ No ____ WPM Typing Processing ☐ Yes 10-key ☐ No Personal Yes PC 🗆 Computer No Mac □ Other Skills Please list two references other than relatives or previous employers. Position _____ Position Company Address Address Telephone (___) Telephone () _ An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space above to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying. APPLICATION FOR EMPLOYMENT **MILITARY** HAVE YOU EVER BEEN IN THE ARMED FORCES? □ No

Specialty _____ Date Entered

☐ Yes☐ Yes☐ No

Discharge Date

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Work Please list your work experience for the past five years beginning with your most recent job held. Experience If you were self-employed, give firm name. Attach additional sheets if necessary.

Name of employer Address City, State, Zip Code	Name of last supervisor	Employment dates	ent dates Pay or salary			
Phone number		From	Start			
		То	Final			
	Your last job title	Your last job title				
Reason for leaving (be specific)						
List the jobs you held, duties performed, ski company.	lls used or learned, advancements or	promotions while you wo	rked at this			
сопрапу.						
Name of employer Address	Name of last supervisor	Employment dates	Pay or salary			
		Employment dates From	Pay or salary Start			
Address City, State, Zip Code						
Address City, State, Zip Code		From To	Start			
Address City, State, Zip Code Phone number	supervisor	From To	Start			
Address City, State, Zip Code Phone number Reason for leaving (be specific)	Your Last Job Ti	From To	Start			
Address City, State, Zip Code	Your Last Job Ti	From To	Start Final			

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Name of employer Address City State Zin Code	Name of last supervisor	Employment dates	Pay or salary				
City, State, Zip Code Phone number		From	Start				
		То	Final				
	Your last job title						
Reason for leaving (be specific)							
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.							
Name of employer Address	Name of last supervisor	Employment dates	Pay or salary				
City, State, Zip Code Phone number		From	Start				
		То	Final				
	Your last job title						
Reason for leaving (be specific)							
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.							
May we contact your present employer? □ Yes □ No							
Did you complete this application yourself ☐ Yes ☐ No							
If not, who did?							

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PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by Sierra Marina, Inc. (hereinafter called "SMI"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other SMI practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Sierra Marina, Inc., or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by a Owner of the SMI. Both the undersigned and Sierra Marina, Inc. may end the employment relationship at any time, without specified notice or reason. If employed, I understand that SMI may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give SMI permission to contact schools, previous employers (unless otherwise noted), references, and others, and hereby release SMI from any liability as a result of such contract.

I understand that, in connection with the routine processing of your employment application, SMI may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, SMI, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with SMI shall be probationary for a period of sixty (60) days, and further that at any time during the probationary period or thereafter, my employment relationship with the Firm is terminable at will for any reason by either party.

Signature of applicant		Date:

SMI is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.

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