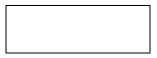
Sierra Marina, Inc. P.O. Box 56 Shaver Lake, Ca 93664 Phone (559) 841-3324 Fax (559) 841-2156 E-mail info@sierramarina.com

Employment Application Form

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE



APPLICATION FOR EMPLOYMENT

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PLEASE COMPLE		DA	TE			
Name						
	Last	First	Midd	lle		Maiden
Present address						
	Number	Street	City S	State	Zip	
How long			Social Securit	ty No		
Telephone ()						
If under 18, please list age						
			Days/hou	urs ava	ilable to work	
Position applied fo	r (1)		No Pref		Thur	
and salary desired	(2)		Mon		Fri	
(Be specific)					Sat	
			Wed		Sun	
How many hours c	an you work weekly?		Can you	ı work ı	nights?	
Employment desire	ed GFULL-TIME ONLY	DPART-TI	ME ONLY	□FU	ILL- OR PART-1	ГІМЕ
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				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME?

Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.

🗆 No

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE		
		.OYMENT
DO YOU HAVE A DRIVER'S LIC	NSE? 🛛 Yes 🖵 No	
What is your means of transporta	on to work?	
Driver's license number Expiration date	State of issue	□ Operator □ Commercial (CDL) □Chauffeur
Have you had any accidents durir Have you had any moving violatic		How many? How Many?
	OFFICE ONLY	
□ Yes Typing □ No	□ Yes _WPM 10-key □ No	Word Quertee Yes Processing Quertee No Quertee WPM
PersonalImage: YesPCComputerImage: NoMac		
Name Position Company Address Telephone () An application form sometimes m	Position Compa Compa Address Telepho Ikes it difficult for an individual to adeq	nnys s one () quately summarize a complete background. Use the cribe your full qualifications for the specific position for

PLEASE PRINT INFORMATION REQ EXCEPT SIGNAT	UESTED							
APPLICATION FOR EMPLOYMENT								
			MILIT	TARY				
	HAVE YOU EVER BEEN IN THE ARMED FORCES?							
				Yes				
ARE YOU NOW A MEN								
Specialty			Date En	tered		Discha	rge Date	
		ork experience for t mployed, give firm r						job held.
Name of employer Address					ne of last pervisor	Employmen	it dates	Pay or salary
City, State, Zip Code Phone number						From		Start
						То		Final
				Your la	st 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					ne of last pervisor	Employmen	it dates	Pay or salary
City, State, Zip Code Phone number						From		Start
						То		Final
				Your L	ast 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.

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APPLICATION FOR EMPLOYMENT

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

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.					

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?		

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:
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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.