

## Job Application

Personal Information												
Full												
Name												
Are you at least D. N. Email												
18 years old? Yes No Email address												
Mailing												
Address City State Zip												
Primary Phone Secondary Phone												
Number Number												
Trumoti Trumoti												
Position Information												
Position Applying Desired												
for (required) Salary												
Shift Available												
Preference    Day    Evening    Night    Date:												
I prefer   Full-time   Part-time   Seasonal   Temporary	7											
Have you ever worked for High  If yes give												
Sky Children's Ranch?												
Have you ever applied to work at  If yes give												
High Sky Children's Ranch?    Yes    No dates												
Do you have relatives employed  If yes give												
at High Sky Children's Ranch?    Yes    No names												
What makes you interested in working												
at High Sky Children's Ranch?												
Criminal History												
Commission of a crime will not be an automatic bar from consideration for employme	nt. ho	wever a	pplic	ants								
convicted of certain criminal offences may be ineligible for employment under												
Have you ever been convicted of a criminal offence other than a traffic violation?		Yes		No								
If yes, provide information about offence												
including dates, charges, location & disposition												
Have you ever had criminal charges dismissed following probation, community												
service, counseling, or other court directed conditions?		Yes		No								
If yes, provide information about offence												
including dates, charges, location & disposition												
Are you currently serving probation, community service, counseling or completing any												
other court directed conditions for a criminal offense?		Yes		No								
If yes, provide information about offence including	_	1.00	_	2.0								
current status & projected completion date.												

Education and Training School Name and Location Did you graduate? Degree Received Area of Study									tudy				
High School					Yes		No						
College				ם	Yes		No						
Graduate				□	Yes		No						
Other													
License State or Organization Expiration Tittle Issuing License date												No	
License Tittle	State or Organization Issuing License								Expiration date				
License Tittle			State or Or State or Or	Expiration date									
_	ing?	vide dates			he posit	ion f	or wh	ich		Yes	<u> </u>	No	
Has your profe If yes	essional li	cense ever ovide dates			cted, or	susp	ende	d? □		Yes		No	
Typing Skills WPM Data Entry KSPM  Please list any software you are familiar enough with to consider yourself "moderately" skilled  Please list any other equipment you are familiar enough with to consider yourself "moderately" skilled  Please list any special skills or training that would be pertinent to the consideration of your application.													
References													
Name: Email Address: Telephone Number: How do you know them				Please p	nrovide Nam Emai Addı Telej Num How know	e: il ress: phone ber: do y	ou						
Name: Email					_ Nam Emai	i1							
Address: Telephone Number:					_ Addr Telej _ Num	phone ber:							
How do you know them					How know	•							

Company Name		-		ise add	lition	al shee	<b>bloyment</b> ts if necessary. Explain and Position(s) Held	ıy periods	-	_	loyme	ent	
Company A													
include city	, state, zip						g : ,						
Immediate		Supervisor's email											
Supervisor Reason for		Dates of											
Leaving		Employment											
Beginning						_ Emp	Ending						
Salary		Per		Hr.		Yr.	Salary	Per		Hr.		Yr.	
Compan y Name							Position(s) Held						
	Address include												
city, state, z	zip												
Immediate							Supervisor's						
Supervisor							email						
Reason for Leaving							Dates of Employment						
Beginning							Ending						
Salary		Per		Hr.		Yr.	Salary	Per		Hr.		Yr.	
Company Name							Position(s) Held						
<u> </u>	Address include of	city,											
state, zip													
Immediate							Supervisor's						
Supervisor							_ email						
Reason for							Dates of						
Leaving							Employment						
Beginning Salary		Per		Hr.		Yr.	Ending Salary	Per		Hr.		Yr.	
Company							Position(s)						
Name	11 ' 1 1	• .					Held						
	Address include of	city,											
state, zip							C						
Immediate Supervisor							Supervisor's email						
Reason for							Dates of						
Leaving							Employment						
Beginning							Ending						
Salary		Per		Hr.		Yr.	Salary	Per		Hr.		Yr.	

## Candidate Sign Off DO NOT SIGN UNTIL YOU HAVE READ THIS AUTHORIZATION!

HIGH SKY CHILDREN'S RANCH (HSCR) does not discriminate on any employee practice based on race, religion, color, sex, age, national origin, marital status, and veteran's status, the presence of a non-job-related medical condition or disability. No question on this application is intended to secure information which could be of a discriminatory nature. I understand and agree that, if required for the position, I will submit to pre-employment testing, criminal check, and/or credit check, in accordance with HSCR's adopted policies. I understand the HSCR promotes an alcohol/drug free workplace. I agree to abide by the guidelines set forth in the HSCR's alcohol/drug abuse policy. As such, by making application for employment I consent to alcohol/drug screening and TB testing as directed by HSCR. I will comply with all rules, regulations, and policies set forth in the HSCR's policy manual or other communications distributed by the HSCR. I understand and agree that, if I refuse to submit to such drug/alcohol screen, criminal check or driving record check, I will not be considered for employment with HSCR. I also understand that, once employed, refusal to submit to such exams or a positive result on a drug/alcohol screen will be grounds for disciplinary action, which may include termination. I hereby authorize HSCR, its representatives, employees or agents to conduct all pre-employment inquiries and tests as described. I further authorize HSCR and its agents to verify all statements contained in this application and any other materials I submit in connection with my employment application. I agree to complete any requisite authorizations forms. I release HSCR, its agents and all providers of information from any liability arising out of the gathering and use of such information. In the event of employment, this authorization and release is valid throughout my employment and a photocopy is as effective as the original. I understand that any offer of employment is contingent upon receipt of a satisfactory report concerning my credit, criminal history, academic credentials, and employment references, successful completion of all pre-employment tests and production of all documents necessary for HSCR to verify my identity and work authorization in accordance with the requirements of the Immigration and Naturalization Services. I certify the information provided in this application is true and complete to the best of my knowledge. I understand withholding pertinent information or submitting false or misleading information on this application, my resume, during interviews or at any other time during the hiring process constitutes valid grounds for disqualification from further consideration for hire or immediate dismissal from employment and loss of all employee benefits and privileges. I further understand and agree that HSCR shall not be liable in any respect if my employment is so denied or terminated. I understand the acceptance of this application, the HSCR's policy statements, the HSCR's personnel guidelines or in my communications with any HSCR official is NOT intended to create an employment contract between the HSCR and me. No promise of employment has been made to me. I acknowledge that the HSCR employs individuals under the employment-at-will doctrine and that this is not subject to change. I understand my employment would be at will and I may resign at any time for any reason; similarly, my employment may be terminated by the organization at any time for any reason.

I further authorize any former employer, present employer, school, college, university, credit or finance bureau, personal reference, and/or any other person to give record, credit, or other information of any kind or type to HSCR.

by (electronically) signing below, I hereby acknowledge that I have read, understand, and are withing to comply	
with the preceding statements. I also certify that all information in this application is true and correct as of this	
date.	

Date

Applicant's Signature