



7380 Eastgate Road Suite 120 (702) 314-4423 Office
 Henderson, NV 89011 (702) 982-6610 Fax

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION: DATE: _____

NAME: _____
LAST FIRST MIDDLE

ADDRESS: _____ **CITY:** _____ **STATE:** _____ **ZIP:** _____

PHONE NUMBER: _____ **SOC. SEC. #:** _____

E-Mail Address:

STATE NAME AND RELATIONSHIP OF ANY RELATIVES IN OUR EMPLOY: _____ **REFERRED BY:** _____

EMPLOYMENT DESIRED:
POSITION: _____ **DATE YOU CAN START:** _____ **SALARY DESIRED:** _____

ARE YOU CURRENTLY EMPLOYED? _____ **MAY WE CONTACT YOUR EMPLOYER?** _____

HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE? _____ **WHERE?** _____ **WHEN?** _____

DO YOU HAVE RELIABLE TRANSPORTATION? _____

EDUCATION:

SCHOOL	NAME AND LOCATION	GRADUATED		MAJOR SUBJECTS
		YES	NO	
HIGH SCHOOL				
COLLEGE				
OTHER (SPECIFY)				

SPECIAL TRAINING/SKILLS:

WORK CARDS **YES** **NO** **EXPIRES**

WORK PERMIT _____

HEALTH CARD

FORMER EMPLOYERS: LIST YOUR LAST FOUR (4) EMPLOYERS, STARTING WITH PRESENT OR MOST RECENT.

DATE MONTH & YEAR	EMPLOYER NAME AND ADDRESS	SALARY	POSITION	REASON FOR LEAVING	MAY WE CONTACT EMPLOYER?
FROM		\$			
TO		PER			
FROM		\$			
TO		PER			
FROM		\$			
TO		PER			
FROM		\$			
TO		PER			

REFERENCES: GIVE THE NAMES OF THREE (3) PEOPLE NOT RELATED TO YOU WHOM YOU HAVE KNOWN FOR AT LEAST ONE YEAR.

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED

In case of emergency, notify: _____ ()

PHONE

NAME

Sierra Ice is dedicated to provide all of its employees with a healthy, safe and secure work environment, free from the effects of illegal drugs and/or alcohol. Therefore all applicants and employees may be subject to random testing for illegal drugs and/or alcohol.

I hereby authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts constitutes grounds for dismissal. Further, I understand and agree that my employment is for no definite period and may be terminated at any time without any previous notice.

SIGNED: _____ DATE: _____