

JOB APPLICATION

Sierra Foot & Ankle
2350 S. Carson Street Suite 3
Carson City, Nevada 89703
775-783-8037

Sierra Foot & Ankle is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

Please fill out all of the sections below:

Date of Application: _____

Applicant Information

Applicant Name: _____

Address: _____

City, State, Zip: _____

Telephone Number: _____

Email Address: _____

Date of Birth: _____

SSN" _____

Employment Position

Position(s) applying for: Medical Assistant (full time)

How did you hear about this position? _____

On what date can you start working if you are hired? _____

Do you have reliable transportation to and from work? _____

Salary desired: _____

Personal Information

Have you ever applied to or worked for Sierra Foot & Ankle before? **Yes** **No**
If yes, when?

Do you have any friends, relatives, or acquaintances working for SFA? **Yes** **No**
If yes, state name & relationship: _____

Are you 18 years of age or older? **Yes** **No**

Are you a U.S. citizen or approved to work in the United States? **Yes** **No**

Will you consent to a mandatory controlled substance test? **Yes** **No**

Have you ever been convicted of a criminal offense (felony or misdemeanor)? **Yes** **No**
 If yes, please state the nature of the crime(s), when and where convicted and disposition of the case: _____

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The date of the offense, the nature of the offense, including any significant details that affect the description of the event, and the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

Job Skills/Qualifications

Please list below the skills and qualifications you possess for the position for which you are applying: _____

(Note: The position of medical assistant requires that you be on your feet most of the day. It also requires agility and dexterity, as well as common sense.)

Education and Training

High School

Name	Location (City, State)	Year Graduated	Degree Earned

College/University

Name	Location (City, State)	Year Graduated	Degree Earned

Vocational School/Specialized Training

Name	Location (City, State)	Year Graduated	Degree Earned

Military:

Are you a member of the Armed Services? _____
 What branch of the military did you enlist? _____
 What was your military rank when discharged? _____
 How many years did you serve in the military? _____
 What military skills do you possess that would be an asset for this position? _____

Previous Employment

Employer Name: _____
Job Title: _____
Supervisor Name: _____
Employer Address: _____
City, State, Zip: _____
Employer Telephone: _____
Dates Employed: _____
Reason for leaving: _____

Employer Name: _____
Job Title: _____
Supervisor Name: _____
Employer Address: _____
City, State, Zip: _____
Employer Telephone: _____
Dates Employed: _____
Reason for leaving: _____

Employer Name: _____
Job Title: _____
Supervisor Name: _____
Employer Address: _____
City, State, Zip: _____
Employer Telephone: _____
Dates Employed: _____
Reason for leaving: _____

References

Please provide 3 personal and professional reference(s) below:

Reference	Contact Info
_____	_____
_____	_____
_____	_____
_____	_____

AT-WILL EMPLOYMENT

The relationship between you and the Sierra Foot & Ankle is referred to as "employment at will." This means that your employment can be terminated at any time for any reason, with or without cause, with or without notice, by you or the Sierra Foot & Ankle. No representative of Sierra Foot & Ankle has authority to enter into any agreement contrary to the foregoing "employment at will" relationship. You understand that your employment is "at will," and that you acknowledge that no oral or written statements or representations regarding your employment can alter your at-will employment status, except for a written statement signed by you and either our Executive Vice-President/Chief Operations Officer or the Company's President.

Applicant Signature: _____

Dated: _____