



# EMPLOYMENT APPLICATION

PLEASE TYPE OR  
PRINT LEGIBLY  
Applications not filled out  
completely will be rejected.

3570 Barren Way Reno, NV 89511 (775) 829-0111 Fax: (775) 829-0100

LAST NAME MIDDLE		FIRST	DATE
RESIDENCE ADDRESS (STREET)		(CITY)	(STATE) (ZIP)
PRIMARY TELEPHONE NUMBER (INCLUDE AREA CODE)		EMAIL ADDRESS	
In accordance with the Immigration Reform and Control Act of 1986 all offers of employment are conditioned upon proof of the applicant's identity and legal ability to work in the United States.		ARE YOU A UNITED STATES CITIZEN OR AN ALIEN LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO	
HAVE YOU EVER BEEN EMPLOYED HERE, IF YES, WHEN?		DO YOU KNOW ANYONE WHO IS CURRENTLY EMPLOYED WITH US?	
VALID DRIVERS LICENSE: <input type="checkbox"/> YES <input type="checkbox"/> NO LICENSE #: STATE:		CAR YEAR: MAKE: MODEL	If you are hired, you will be required to drive to work and in between jobs.
State and federal law impose minimum age requirements for employment. If an offer of employment is made, it will be subject to verification that the applicant's age meets the legal requirements.		If necessary, can you furnish proof of age? <input type="checkbox"/> YES <input type="checkbox"/> NO	
DESIRED SALARY:		ARE YOU NOW WORKING MORE THAN ONE JOB AT A TIME? <input type="checkbox"/> YES <input type="checkbox"/> NO NO IF YES, PLEASE EXPLAIN.	
HAVE YOU EVER BEEN FIRED OR ASKED TO RESIGN FROM ANY PREVIOUS EMPLOYMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE EXPLAIN:			

## EMPLOYMENT HISTORY

EMPLOYMENT DATES FROM _____ TO _____		LAST/PRESENT EMPLOYER	
POSITION TITLE		ADDRESS	
MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	WAGE	SUPERVISOR'S NAME TELEPHONE NO.	TITLE
REASON FOR LEAVING		JOB DUTIES	

EMPLOYMENT DATES FROM _____ TO _____		LAST/PRESENT EMPLOYER	
POSITION TITLE		ADDRESS	
MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	WAGE	SUPERVISOR'S NAME TELEPHONE NO.	TITLE
REASON FOR LEAVING		JOB DUTIES	

EMPLOYMENT DATES FROM _____ TO _____		LAST/PRESENT EMPLOYER	
POSITION TITLE		ADDRESS	
MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	WAGE	SUPERVISOR'S NAME TELEPHONE NO.	TITLE
REASON FOR LEAVING		JOB DUTIES	

**JOB-RELATED SKILLS**  
LIST ANY JOB-RELATED EXPERIENCES OR SKILLS. THIS SHOULD INCLUDE COMPUTER PROGRAMS THAT YOU HAVE UTILIZED.

**AFFIDAVIT - PLEASE READ CAREFULLY**

APPLICATIONS WILL BE KEPT UNDER ACTIVE CONSIDERATION FOR ONE (1) YEAR.

**IMPORTANT!**

PLEASE READ CAREFULLY BEFORE SIGNING.

IF YOU DO NOT UNDERSTAND ANY OF THE FOLLOWING, PLEASE ASK FOR ASSISTANCE.

Any applicant will be immediately rejected for employment or, if hired, dismissed without notice for giving false information in this application or failing to accurately provide information requested.

• I have truthfully disclosed all information requested in this application.

• I understand that it is the policy of the Company that all employees are employed at the will of both the employee and the Company. This means the employee may quit at any time, for any reason or no reason, with or without notice. Similarly, the Company may terminate employment at any time, for any reason, or no reason, with or without notice. There is no contractual promise or legal requirement by either the employee or the Company that employment will be for any set period. Nor is there any contractual promise or legal requirement that employment will be terminated only under particular circumstances, under a particular procedure, or with a particular type of notice. Any exception to this policy of employment-at-will may only be made in writing and signed by the CEO. This policy is not modified by any statements, express or implied, contained in any employment handbook, application, memoranda, policy, manual or procedures, or any other materials provided to applicants or employees in connection with their employment. Nor is this policy modified by any oral statements or conduct, expressed or implied. This policy supersedes any and all written, oral, or implied representations that are in any way inconsistent with it.

• I understand that it is also the policy of the Company to not tolerate, condone, or allow sexual harassment. The Tahoe Fund encourages reporting of all incidents of sexual harassment regardless of who the offender may be. All management personnel within the organization are responsible for eliminating any and all forms of sexual harassment of which they are aware.

• I understand that the Company is dedicated to providing all employees with a safe and healthful work environment that is free of illegal drugs and alcohol. Therefore, as part of the Company's employment procedures, I hereby consent to undergo a post-offer, pre-employment drug and/or alcohol screening conducted by a physician designated by the Company.

• I authorize contact with any person or entity named in this application and any other person or entity who may have knowledge concerning my past and I authorize all those who are acquainted with me, including, but not limited to previous employers, references, and law enforcement agencies asked to provide a record of criminal history in accordance with Nevada law, to furnish any and all information they may have concerning me which may be material to my qualifications for the job for which I have applied.

• I hereby fully release my prospective employer, its agents and any person or entity that provides or receives information pursuant to this application from any and all liability and any damage which may arise there from.

• I understand that it is also the policy of the Company to ensure that donor information and Company information shall be and is considered confidential. All employees have an obligation to respect and protect the confidentiality of such information. This obligation by all employees continues even after termination of employment.

**I have read and understand all the provisions of this application for employment.**

DATE: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_