



HIGH SIERRA AHEC

— AREA HEALTH EDUCATION CENTER —

INTERNSHIP & AMBASSADORSHIP APPLICATION <i>Equal Opportunity Employer</i>		FOR HUMAN RESOURCES USE ONLY		
		Received by:	Date:	Applicant #
		POSITION APPLYING FOR		
Internship Opportunities	Email Address: taylor@highsierraahec.org	Title: _____ Can you, with or without accommodation, perform The essential functions of this job? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Volunteer & Ambassadorship Opportunities	Email Address: marisa@highsierraahec.org	Date: _____		
		Available Date: _____		
GENERAL INSTRUCTIONS		CONTACT INFORMATION		
<ul style="list-style-type: none"> Please type or print information To be considered for The Student Ambassador Program or internship opportunity, complete your application in its entirety, and specify the position for which you are applying. Resume submission is mandatory as a supplement to this application. Do not use the words "See Resume" on any portion of this application. A personal statement or a letter of intent are also mandatory supplements to this application. All applications must be signed to be considered. Photocopies are acceptable. Make sure to read everything in this application and initial as required. If you require special disability accommodations, notify Marisa Pimental, Programs and Services Coordinator, or Taylor Stokes, Operations Manager 		Name: _____		
		Preferred Nick Name: _____		
		Address: _____		
		Apt. #:	City:	
		State:	Zip:	
		Home Phone #: _____		
		Contact Phone #: _____		
		Email Address: _____		
GENERAL INFORMATION				
Are you legally authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No Note: High Sierra AHEC only hires U.S. citizens and lawfully authorized alien workers. If a conditional offer of employment is made, you will be required to provide proof of citizenship or authorization to work in the U.S.				
Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No Note: If hired, you may be required to submit proof of age.				
Are you presently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is your current place of employment?				
Organization policy requires that all employees sign a confidential information, invention assignment, non-compete and non-solicitation agreement as well as an arbitration agreement. I understand that if employed by High Sierra AHEC, I will be required to sign and abide by the above-mentioned agreements. Initials: _____				



GENERAL INFORMATION (continued)

Have you ever been employed by High Sierra AHEC? Yes No If yes, when and in what capacity?

Have you ever volunteered for High Sierra AHEC? Yes No If yes, when and in what capacity?

Do you have any relatives employed by High Sierra AHEC? Yes No If yes, who? _____

Note: There are limitations on employment of relatives and relationships to avoid conflicts of interest. Each case is considered separately.

Check this box to certify that you understand that all offers of employment are contingent on satisfactorily passing a background check. Initials: _____

Applicants who will be driving as part of their job are required to complete the following:

Do you have a current valid driver's license? Yes No State? _____ Expires? _____

Have you ever had your driver's license suspended, revoked, or had your driving privileges modified by a court of law?
 Yes No If yes, please explain:

EDUCATION AND TRAINING

Please describe your highest level of education attained:

Please list all Business, Vocational, Technical, College and/or Universities attended.

Name/Location of Institution	Type of Degree and Course of Study (ex. Masters, Public Health)	Did You Graduate	
		Yes	No
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

SKILLS AND QUALIFICATIONS

(Write The Number Of Years Experience In The Box Next To Each Skill)

PERSONAL COMPUTERS

<input type="checkbox"/> Word	<input type="checkbox"/> Quickbooks
<input type="checkbox"/> Excel	<input type="checkbox"/> Canva
<input type="checkbox"/> Hootsuite	<input type="checkbox"/> Constant Contact
<input type="checkbox"/> PowerPoint	<input type="checkbox"/> Website Design (Wix)
<input type="checkbox"/> Other (please list):	



SKILLS AND QUALIFICATIONS (continued)

LICENSES AND CERTIFICATIONS

Type of Professional License or Certification	Expiration Date	Name of Licensing or Certification Agency

PROFESSIONAL ORGANIZATIONS

Please list job-related organizations, clubs, societies or other associations to which you belong. Please omit those which indicate your race, religion, creed, national origin, ancestry, sex, gender, sexual orientation, age or any other category that is protected by state or federal law.

1.	2.
3.	4.

ADDITIONAL INFORMATION (OPTIONAL)

Anything additional you would like us to know?

REFERENCES

Please provide the names of three (3) persons who have known you for three (3) years to whom we may contact regarding your character, habits and abilities (Personal References):

NAME	ADDRESS	RELATIONSHIP	TELEPHONE #

Please provide the names of two (2) persons that have worked with you in a professional capacity (at least one of which should have had a supervisory relationship with you):

NAME	ADDRESS	RELATIONSHIP	TELEPHONE #

EMPLOYMENT RECORD

Describe your work experience for the last 10 years in detail. If you have had less than 3 jobs in the last 10 years, describe your last 3 jobs. Use a separate block to describe each position. Include military service and job related volunteer work, if applicable. Include and provide an explanation for any gaps in employment. If needed, attach additional sheets, available on-line or at the receptionist desk. All information in this section must be completed. Resume information can not be accepted in lieu of application requested information. Note: Applications are screened and ranked for interview qualification purposes based on the degree to which previous duties, experience and responsibilities meet the requirements of the position for which you are applying.



EMPLOYER COMPANY NAME:		TYPE OF BUSINESS
STREET OR MAILING ADDRESS		YOUR OFFICIAL JOB TITLE
CITY AND STATE	TELEPHONE	REASON FOR LEAVING
DATES OF EMPLOYMENT (Start)	DATES OF EMPLOYMENT (End)	NAME (S), IF DIFFERENT, WHILE EMPLOYED WITH THIS EMPLOYER:
NAME OF SUPERVISOR	TITLE	TELEPHONE
ALTERNATE NAME OF PERSON WHO CAN VERIFY THIS EMPLOYMENT:	TITLE	TELEPHONE

PLEASE LIST THE MAJOR DUTIES INVOLVED WITH THIS EMPLOYMENT

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Applicant: Please read carefully and sign before submitting this application.

The foregoing is an accurate statement of the facts to the best of my knowledge. I understand that any falsification, incomplete information or misrepresentation may be reason to refuse me employment or cause disciplinary action, including termination of employment, if hired and discovered later. I also understand that all offers of employment are conditioned upon providing satisfactory proof of my identity and legal eligibility to work in the United States, and on satisfactory completion of an employment background check.

I understand and agree that my employment is at-will, that nothing in this application or in any other expressed or implied agreement shall be deemed to create or become part of any contract of employment for a specified term between me and high Sierra AHEC and that my employment can be terminated at any time by me or the Company for any or no cause. I understand and agree that any statements to the contrary whether oral or written are expressly disavowed and are not to be relied upon by me. I understand that no representative of this Company, other than by vote of the full Board of Directors, has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing. Further, the Board of Directors may not alter the at-will nature of the employment relationship unless it is done in a specific written employment agreement for a fixed term.

I hereby authorize the Company to investigate my record which may include verification of information with federal, state, and local authorities. I also authorize my present and former employers, school officials, and any persons I name as references to give information regarding me, whether or not it is on its records. I hereby release the Company and its representatives from liability for seeking such information and all other persons, corporations, or organizations from furnishing such information. I also authorize the Company to give information concerning me to prospective employers in the future and release the Company and its employees from any liability whatsoever.

I agree to abide by all Company policies and procedures. I understand the Company may amend their benefits, policies and/or procedures at its discretion and that these benefits, policies and/or procedures do not constitute an employment contract. All such benefit information, policies and procedures are available to employees through the Human Resources office.

High Sierra AHEC is an Equal Opportunity Employer. We consider applicants for all positions without discrimination because of race, color, religion, sex, national origin, age, marital or veteran status, sexual orientation, the presence of a non-job related medical condition or handicap, or any other legally protected status.

We will give this application every consideration. However, in accepting it, the Company makes no commitment of employment to the applicant.

Applicant Name (Please Print)

Applicant Signature

Date