

INTERNSHIP & AMBASSADORSHIP APPLICATION		FOR HUMAN RESOURCES USE ONLY		
Equal Opp	ortunity Employer	Received by:	Date:	Applicant #
Internship Opportunities Volunteer & Ambassadorship Opportunities	Email Address: sabrina@highsierraahec.org Email Address: amanda@highsierraahec.org	POSI Title: Can you, with or with The essential function Date: Available Date:		odation, perform
GENER	RAL INSTRUCTIONS	CON	TACT INFOR	MATION
 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. #: State: Home Phone #: Contact Phone #:	:	City: Zip:
		Email Address:		
		NFORMATION		
Are you legally authorized to work in the United States? 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? Yes No Note: If hired, you may be required to submit proof of age. Are you presently employed? Yes 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 agre	ement as well as an arbitration ago sign and abide by the above-me	greement. I understand	d that if emp	



GENERAL INFORMATION (continued)						
Have you ever been employed by High Sierra AHEC? Yes No If yes, when and in what capac	city?					
Have you ever volunteered for High Sierra AHEC?						
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 considered separately.	. Each ca	ase is				
Check this box to certify that you understand that all offers of employment are contingent on satisfa a background check. Initials:	ctorily pa	assing				
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?						
Have you ever had your driver's license suspended, revoked, or had your driving privileges modified by a Yes No If yes, please explain:	a court o	f law?				
EDUCATION AND TRAINING						
Please describe your highest level of education attained.						
Please describe your highest level of education attained: Please list all Business, Vocational, Technical, College and/or Universities attended.						
	Did Vo					
Name/Location of Institution Type of Degree and Course of Study (ex. Masters, Public Health)	Did You Graduate Yes No					
SKILLS AND QUALIFICATIONS						
(Write The Number Of Years Experience In The Box Next To Each Skill)						
PERSONAL COMPUTERS						
□ Word □ Quickbooks						
ExcelCanva						
Hootsuite Constant Contact						
PowerPoint Website Design (Wix)						
Other (please list):						



SKILLS AND QUALIFICATIONS (continued)					
LICENSES AND CERTIFICATIONS					
Type of Professiona	al License or Certification	Expiration	Name of Lice	ensing or	
		Date	Certification	n 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.					
	category that is protecte	u by state of federal in	avv.		
1.		2.			
3.		4.			
	ADDITIONAL INFORM	MAITON (OPTIONAL)			
Anything additional you wo	ould like us to know?				
	REFER	RENCES			
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	RELATIO	ONSHIP	TELEPHONE #	
Please provide the names of	of two (2) persons that have work	ed with you in a profe	ssional capacity (a	t least one of which	
should have had a supervis	ory relationship with you):	-			
NAME	ADDRESS	RELATIO	ONSHIP	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 T	HE MAJOR DUTIES INVOLV	ED WITH THIS EMPLOYMENT
EMPLOYER COMPANY NAME:		TYPE OF BUSINESS
EMPLOYER COMPANY NAME: STREET OR MAILING ADDRESS		TYPE OF BUSINESS YOUR OFFICIAL JOB TITLE
	TELEPHONE	
STREET OR MAILING ADDRESS	TELEPHONE DATES OF EMPLOYMENT (End)	YOUR OFFICIAL JOB TITLE
STREET OR MAILING ADDRESS CITY AND STATE	-	YOUR OFFICIAL JOB TITLE REASON FOR LEAVING NAME (S), IF DIFFERENT, WHILE EMPLOYED WITH
STREET OR MAILING ADDRESS CITY AND STATE DATES OF EMPLOYMENT (Start)	DATES OF EMPLOYMENT (End)	YOUR OFFICIAL JOB TITLE REASON FOR LEAVING NAME (S), IF DIFFERENT, WHILE EMPLOYED WITH THIS EMPLOYER:
STREET OR MAILING ADDRESS CITY AND STATE DATES OF EMPLOYMENT (Start) NAME OF SUPERVISOR ALTERNATE NAME OF PERSON WHO CAN VERIFY THIS EMPLOYMENT:	DATES OF EMPLOYMENT (End) TITLE TITLE	YOUR OFFICIAL JOB TITLE REASON FOR LEAVING NAME (S), IF DIFFERENT, WHILE EMPLOYED WITH THIS EMPLOYER: TELEPHONE
STREET OR MAILING ADDRESS CITY AND STATE DATES OF EMPLOYMENT (Start) NAME OF SUPERVISOR ALTERNATE NAME OF PERSON WHO CAN VERIFY THIS EMPLOYMENT:	DATES OF EMPLOYMENT (End) TITLE TITLE	YOUR OFFICIAL JOB TITLE REASON FOR LEAVING NAME (S), IF DIFFERENT, WHILE EMPLOYED WITH THIS EMPLOYER: TELEPHONE TELEPHONE
STREET OR MAILING ADDRESS CITY AND STATE DATES OF EMPLOYMENT (Start) NAME OF SUPERVISOR ALTERNATE NAME OF PERSON WHO CAN VERIFY THIS EMPLOYMENT:	DATES OF EMPLOYMENT (End) TITLE TITLE	YOUR OFFICIAL JOB TITLE REASON FOR LEAVING NAME (S), IF DIFFERENT, WHILE EMPLOYED WITH THIS EMPLOYER: TELEPHONE TELEPHONE
STREET OR MAILING ADDRESS CITY AND STATE DATES OF EMPLOYMENT (Start) NAME OF SUPERVISOR ALTERNATE NAME OF PERSON WHO CAN VERIFY THIS EMPLOYMENT:	DATES OF EMPLOYMENT (End) TITLE TITLE	YOUR OFFICIAL JOB TITLE REASON FOR LEAVING NAME (S), IF DIFFERENT, WHILE EMPLOYED WITH THIS EMPLOYER: TELEPHONE TELEPHONE



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



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