



# SEQUOIA

## TRUSTED ADVISORS

### APPLICATION FOR EMPLOYMENT

<b>PERSONAL INFORMATION</b>				TODAYS DATE :	
NAME					
<i>Last</i>		<i>First</i>		<i>Middle</i>	
<i>Maiden</i>					
CURRENT ADDRESS					
<i>Street</i>		<i>City</i>		<i>State</i>	
<i>Zip</i>					
PERMANENT ADDRESS					
E-MAIL ADDRESS				SOCIAL SECURITY # - -	
PHONE NUMBERS: <i>Home</i>		<i>Work</i>		<i>Cellular</i>	
ARE YOU A U.S.CITIZEN OR ALIEN AUTHORIZED TO WORK IN THE U.S.? <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/>				ARE YOU 18 YEARS OR OLDER? <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/>	
IF AUTHORIZED ALIEN, WHAT TYPE OF VISA DO YOU HOLD:					
POSITION APPLYING FOR:		WHEN AVAILABLE:		EXPECTED SALARY: \$	
HOW DID YOU HEAR ABOUT THIS POSITION: Website <input type="checkbox"/> / Newspaper <input type="checkbox"/> / Referral <input type="checkbox"/> / Recruiter <input type="checkbox"/> / Other <input type="checkbox"/> (explain)					
ARE YOU EMPLOYED NOW? <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/> IF YES, MAY WE CONTACT YOUR CURRENT EMPLOYER ? <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/>					
HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE? <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/> IF YES, WHERE? WHEN ?					
HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE LAST 7 YEARS? <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/> IF YES (explain) : (Conviction will not necessarily disqualify applicant from employment)					
<b>EDUCATION / TRAINING</b>	NAME OF SCHOOL CITY AND STATE	# OF YEARS ATTENDED	DID YOU GRADUATE?	IF YES, WHAT YEAR?	MAJOR OR SUBJECTS STUDIED
HIGH SCHOOL				<b>NOT REQUIRED</b>	
COLLEGE - UNDERGRADUATE					
COLLEGE - GRADUATE					
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL					
U.S NAVAL / MILITARY SERVICE BRANCH:			RANK:	ARE YOU AN ACTIVE MEMBER IN THE NATIONAL GUARD OR RESERVES? <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/>	
<b>EMPLOYMENT HISTORY</b> LIST YOUR LAST 3 EMPLOYERS, BEGINNING WITH THE MOST RECENT					
DATE: MONTH / YEAR	NAME OF EMPLOYER CITY AND STATE	POSITION	SALARY	REASON FOR LEAVING	
FROM:					
TO:					
FROM:					
TO:					
FROM:					
TO:					

SUMMARIZE SPECIAL JOB-RELATED SKILLS / QUALIFICATIONS YOU ACQUIRED FROM PREVIOUS EMPLOYMENT / EXPERIENCES:

STATE ANY ADDITIONAL INFORMATION YOU FEEL MAY BE HELPFUL TO US IN CONSIDERING YOUR APPLICATION:

**PROFESSIONAL REFERENCES**

NAME OF CONTACT	NAME OF COMPANY	POSITION	CONTACT PHONE #	YEARS KNOWN

**IN CASE OF EMERGENCY NOTIFY**

NAME	RELATIONSHIP	ADDRESS	PHONE #

By my signature below, I acknowledge that my employment with SEQUOIA TRUSTED ADVISORS, INC. is contingent on my consent to take any and all tests for drugs and/or controlled substances at any time and as required by SEQUOIA TRUSTED ADVISORS, INC. , whether before or after I may become employed. Furthermore, if offered a position, my employment with SEQUOIA TRUSTED ADVISORS, INC. may be contingent on my consent to take a physical and/or medical examination. If employed, I may be subject to further lawful physical and/or medical examination(s) from time to time. Furthermore, I voluntarily and knowingly give my consent for the release of the test results and other relevant medical information to SEQUOIA TRUSTED ADVISORS, INC. for review and appropriate action. I understand that if I am employed, I may be subject to disciplinary action including dismissal for refusal to comply with such testing and/or if the results of my test are found to be positive (the presence of alcohol, illegal drugs, and/or controlled substances).

Any ideas, inventions or improvements made or conceived by me during my employment with SEQUOIA TRUSTED ADVISORS, INC. , its subsidiary's and joint venture partners relating to SEQUOIA TRUSTED ADVISORS, INC. activities, or work I perform for SEQUOIA TRUSTED ADVISORS, INC. , shall be the sole property of SEQUOIA TRUSTED ADVISORS, INC. . I will execute all papers necessary to vest title thereto in SEQUOIA TRUSTED ADVISORS, INC. of its nominee(s) in the United States and foreign countries.

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed; falsified statements on this application shall be grounds for dismissal. I also authorize investigation of the truth of all statements contained in this application by SEQUOIA TRUSTED ADVISORS, INC. and release SEQUOIA TRUSTED ADVISORS, INC. from all liability for any damage that may result from investigating such information. By my signature below, I understand that all employment with SEQUOIA TRUSTED ADVISORS, INC. is employment "at will". This means that employment with SEQUOIA TRUSTED ADVISORS, INC. , including any current or future work assignments, may be terminated with or without notice and with or without cause. Further, in no event shall hiring or placement with SEQUOIA TRUSTED ADVISORS, INC. be considered a contract of employment.

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

SEQUOIA TRUSTED ADVISORS, INC. IS AN EQUAL OPPORTUNITY EMPLOYER AND DOES NOT DISCRIMINATE ON THE BASIS OF AGE, SEX, RACE, COLOR, NATIONAL ORIGIN, RELIGION, CREED, POLITICAL AFFILIATION, BELIEF, OR DISABILITY.

**AUTHORIZATION FOR RELEASE OF EMPLOYMENT INFORMATION**

I understand that, without an executed Authorization for Release of Employment Information, my previous employers may not release information from personnel file other than to verify employment, dates of employment, position(s) held and rate(s) of pay.

I hereby authorize the release of any information regarding my previous employment to SEQUOIA TRUSTED ADVISORS, INC. Human Resources LLC. I understand the information which may be released would include, but would not necessarily be limited to, my earnings record, dates of employment, attendance, disciplinary record, performance evaluations, separation data, physical examination and such other personnel documents which may be found in the company's records regarding my employment.

I hereby expressly release any organization and its agents from any and all liability whatsoever arising out of the release of information concerning my employment with the company.

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Signature of Applicant

Social Security Number

Date