## **MORE**

Mother Lode Rehabilitation Enterprises, Inc.

## **Employment Application – Instructions (Page 1 of 3)**

Thank you for your interest in joining the team at MORE. To apply for employment, please read and follow the steps

How to Complete Your Application

1. Review This Page (Page 1)

This page provides instructions to help you successfully complete your employment application.

- 2. Fill Out the Application (Pages 2–3)
- Pages 2 and 3 of this document contain the fillable Employment Application form.
- Please complete all sections thoroughly. Incomplete applications may not be considered.
- You may attach a résumé or additional documents if desired.
- 3. Save a Final Copy

After completing the application:

- Click File > Print, then select Save as PDF (or Microsoft Print to PDF) as your printer.
- Save the file with your full name in the filename (e.g.,

John Smith MORE Application.pdf).

4. Submit Your Application

Email the final PDF file to:

Veronica Hancock

**Director of Human Resources** 

veronicahancock@morerehab.org

If you need assistance or have any questions during this process, please reach out to us at (530) 622-4848.

We appreciate your interest in MORE and the opportunity to learn more about you!



It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, disability or other protected classifications.

Please carefully read and answer all questions. You will not be considered for employment if you fail to completely answer all the questions on this application. You may attach a résumé, but all questions must be answered.

Position(s)	applying for:				
PERSONA	L DATA				
Name (last, fir					
Street Address and/or Mailing Address			City	State	Zip
Home Telephone Number		Cellular Telepho	one Number	Best time to contact you:	
POSITION	INFORMATION				
Date you can start work		Are you available to work full-time or part-time?		Are you authorized to work lawfully in the United States?	
Desired Salary		Do you have a C	California Driver License?	Do you have proof of High School Diploma, GED or higher?	
Do you know anyone who works here?		Have you ever filed an application with us before? If yes, give date.		Have you ever been employed with us before? If yes, give date.	
			training you feel relates to the position hnical programs, and military training		p you perform the work,
School Name an		ıd Location	Course of Study	Number of Years Completed	Diploma Degree
School			·	·	·
School					
Other					
		specialized traini	ng, skills and extra-curricular activitie	s. Also include any job-rela	ated training received in the
REFEREN	ICES Please list three	e references with	full name, phone number, and relation	nship.	
	Name		Phone Number		Relationship

Work History List your present or n	nost recent employment and work back. (Include	e paid and unpaid positions).
Job Title:	Start Date:	End Date:
Company:	Supervisor:	Phone:
City:	State:	Zip Code:
Duties:	-	
Reason for Leaving:		
Job Title:	Start Date:	End Date:
Company:	Supervisor:	Phone:
City:	State:	Zip Code:
Duties:		1
Reason for Leaving:		
Job Title:	Start Date:	End Date:
Company:	Supervisor:	Phone:
City:	State:	Zip Code:
Duties:	•	•
Reason for Leaving:		
Job Title:	Start Date:	End Date:
Company:	Supervisor:	Phone:
City:	State:	Zip Code:
Duties:	•	
Reason for Leaving:		
State any additional information you	feel may be helpful to us in considering your a	pplication.
Legality that the facts set forth in the	nis Application for Employment are true and co	implete to the best of my knowledge. I understand that if I
am employed, false statemen	ts, omissions or misrepresentations may result	in my dismissal. I authorize the Employer to make an
investigation of any of the facts set	forth in this application and release the Employ references on this applicati	yer from any liability. The employer may contact any listed ion.
	at the company is an "at will" employer. There	fore, any employee (regular, temporary, or other type of e employment relationship with any employee at any time.

with or without cause, with or without notice to the other party.

Date

Applicant Signature