

Employment Application

Date:	<input type="text"/>	First Name:	<input type="text"/>	Last Name:	<input type="text"/>
Date of Birth:	<input type="text"/>	Home Phone:	<input type="text"/>	Cell Phone:	<input type="text"/>
Social Security #:	<input type="text"/>	Street Address:	<input type="text"/>		
City:	<input type="text"/>	State:	<input type="text"/>	Zip Code:	<input type="text"/>
E-mail Address:	<input type="text"/>				
Position Applied for:	<input type="checkbox"/> Family Support <input type="checkbox"/> Peer Support <input type="checkbox"/> Direct Support <input type="checkbox"/> Case Manager <input type="checkbox"/> Therapist <input type="checkbox"/> Transporter <input type="checkbox"/> Admin. <input type="checkbox"/> Other: <input type="text"/>				
Date Available:	<input type="text"/>	Type of Employment:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time Desired Salary: <input type="text"/>		
Please List Days / Hours Available to Work:	<input type="checkbox"/> Any OR <input type="checkbox"/> Limited to: <input type="text"/>				
Location Desired:	<input type="checkbox"/> Yuma <input type="checkbox"/> Wellton <input type="checkbox"/> San Luis <input type="checkbox"/> Parker <input type="checkbox"/> Quartzsite <input type="checkbox"/> Arizona City <input type="checkbox"/> Globe <input type="checkbox"/> Sierra Vista <input type="checkbox"/> Clifton <input type="checkbox"/> Safford <input type="checkbox"/> Willcox <input type="checkbox"/> Benson <input type="checkbox"/> Bisbee <input type="checkbox"/> Other _____				
Emergency Contact:	<input type="text"/>			Phone:	<input type="text"/>
Are you legally entitled to work in the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Are you at least 21 years of age?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have a valid driver's license?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have reliable transportation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have any criminal convictions or unresolved criminal matters?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, please explain:	<input style="height: 40px;" type="text"/>				

EDUCATION

High School or GED Equivalency Completed:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Highest Degree Level Completed:	<input type="checkbox"/> Associates <input type="checkbox"/> Bachelors <input type="checkbox"/> Masters <input type="checkbox"/> Doctorates		
College attended and location (City/State):	Date Completed:	Major:	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Minor subjects or specialization:	<input style="height: 20px;" type="text"/>		
Additional Training / Courses:	Professional Certificates (Please provide certification # and expiration date):		
Certified Peer Support <input type="checkbox"/> Yes CPR:	<input type="text"/> <input type="text"/>		
Certified Family Support <input type="checkbox"/> Yes Fir	<input type="text"/> <input type="text"/>		
Certified Case Manager <input type="checkbox"/> Yes # _____ Pro-A	<input type="text"/> <input type="text"/>		
Certified Assessor <input type="checkbox"/> Yes # _____ Lic	<input type="text"/> <input type="text"/>		
Certified CFT Facilitator <input type="checkbox"/> Yes # _____	<input type="text"/> <input type="text"/>		
<input type="text"/>	<input type="text"/> <input type="text"/>		
<input type="text"/>	<input type="text"/> <input type="text"/>		

EMPLOYMENT HISTORY*(Give employment records as completely as possible for the past 10 years starting with your most recent employer.)*

1. Name of Employer:		Address:	
Type of Business:		Your Position:	
Describe Duties:			
Name and Position of Immediate Supervisor:			Phone:
Date Employed:	Date Departed:	Start Salary:	Final Salary:
Reason for leaving:			
May we ask your present employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			
2. Name of Employer:		Address:	
Type of Business:		Your Position:	
Describe Duties:			
Name and Position of Immediate Supervisor:			Phone:
Date Employed:	Date Departed:	Start Salary:	Final Salary:
Reason for leaving:			
May we ask your previous employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			
3. Name of Employer:		Address:	
Type of Business:		Your Position:	
Describe Duties:			
Name and Position of Immediate Supervisor:			Phone:
Date Employed:	Date Departed:	Start Salary:	Final Salary:
Reason for leaving:			
May we ask your previous employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			
4. Name of Employer:		Address:	
Type of Business:		Your Position:	
Describe Duties:			
Name and Position of Immediate Supervisor:			Phone:
Date Employed:	Date Departed:	Start Salary:	Final Salary:
Reason for leaving:			
May we ask your previous employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			

OFFICE/ADMINISTRATIVE

Skills	Years of Experience and Brief Description
VOIP Phones, Tele-Conferencing Equipment	
Operating Systems (Windows 7, Vista, XP, 2000)	
MS Office (Word, Excel, PowerPoint)	
ClaimTrak	
Network Copier / Printer / Fax	

List occupational training courses completed and any other training which may be helpful in considering your application.
(i.e. Commercial Driving License, Leadership Courses)

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REFERENCES (Please do not list relatives or former employers)

Full Name, Title	Complete Address/City/State/Zip	Phone	Relationship/Occupation	Years Known

Scholarships/Awards

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Activities/Interest/Hobbies Related to Position

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Languages (spoke, written, read) Note Fluency

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We appreciate your interest in seeking employment with us. Please feel free to make any additional remarks in the space provided below or attach any additional information that would be helpful in evaluating your qualifications.

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Please Read Carefully before Signing

I hereby certify that all of the information provided by me in this application (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in said documents will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.

I hereby authorize Arizona Counseling and Treatment Services (ACTS) to conduct such investigation of my application for employment including my work history and character, as may be necessary in the agency's discretion. I authorize all persons who may have information relevant to this investigation to disclose it to ACTS or its agents, and I release all persons from any and all liability for any and all damage that may result from providing such information. I understand that falsification or pertinent omission of facts called for is grounds for termination.

I understand that submission of an application does not guarantee employment. I further understand that, should an offer of employment be extended by ACTS that such employment with ACTS is at will, for no specified duration and may be terminated by either ACTS or myself at any time, with or without cause or notice. I understand that none of the documents, policies, procedures, actions, statements of ACTS or its representatives used during the employment process is deemed a contract of employment real or implied. I understand that no representative of ACTS except the CEO has the authority to enter into any agreement guaranteeing any conditions of employment or any agreement contrary to the foregoing statements and that any such agreements must be made in writing and signed by the CEO of ACTS.

In consideration for employment with ACTS, if employed, I agree to conform to the rules, regulations, policies and procedures of ACTS at all times and understand that such obedience is a condition of employment. I understand that due to the nature of ACTS business, attendance and punctuality are considered essential requirements of every job at ACTS and that poor attendance or tardiness will result in disciplinary action.

I understand that if offered a position with ACTS, I may be required to submit to a pre-employment drug screening and fingerprint card clearance as a condition of employment. I understand that unsatisfactory results from refusal to cooperate with, or any attempt to affect the results of these pre-employment tests and checks will result in withdrawal of any employment offer or termination of employment if already employed.

I understand that this application is considered current for three months. If I wish to be considered for employment after this period, I must fill out and submit a new application.

BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ABOVE STATEMENTS.

Signature of Applicant: _____ Date: _____

We will scan and retain your application for 6 months. Please contact HR to update your application at any time.

ACTS IS PROUD TO BE AN EQUAL OPPORTUNITY EMPLOYER. ALL QUALIFIED APPLICANTS WILL RECEIVE CONSIDERATION WITHOUT REGARD TO RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, AGE, DISABILITY, MARITAL STATUS, SEXUAL ORIENTATION, GENDER IDENTITY, PREGNANCY, VETERAN STATUS OR ANY OTHER STATUS PROTECTED BY LAW.