

# Employment Application

Programs, services, and employment are equally available to everyone. Please inform the Human Resources Department if you require reasonable accommodation for the application or interview.

Position Applied For: \_\_\_\_\_ Application Date: \_\_\_\_\_  
How were you referred to us? \_\_\_\_\_ Date Avail to Start: \_\_\_\_\_  
Driver's license number if applicable to position: \_\_\_\_\_ State: \_\_\_\_\_

## APPLICANT DATA:

Salary Requirement: \_\_\_\_\_

Name \_\_\_\_\_ SS # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Last First MI

Address \_\_\_\_\_ Apt # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Prior Address \_\_\_\_\_ Apt # \_\_\_\_\_  
(if above is less than 2 years)

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Alt/Cell \_\_\_\_\_ Email: \_\_\_\_\_

What are the Major Cross Streets to your home? \_\_\_\_\_

Have you ever worked for this company?  Yes  No / If Yes, when: \_\_\_\_\_

**I am over 18 years of age and have the lawful right to work in the United States.**  Yes  No

Are you a citizen of the United States?  Yes  No

If you are not a US citizen and we require a work permit, can you furnish one?  Yes  No

If no, please explain: \_\_\_\_\_

**What type of transportation do you use?**  Personal  Public/Bus  Ride From a Friend  Other

**Do you have any allergies?**  Animals  Smoke  Other \_\_\_\_\_

Do you have any work restrictions?  Driving  Lifting: Maximum lift in Pounds \_\_\_\_\_  Sitting

Other: Explain \_\_\_\_\_

What languages do you speak? \_\_\_\_\_

What type of experience do you have? \_\_\_\_\_

Type of Employment desired?  Full Time  Part Time  Seasonal

What is your availability?  Morning  Afternoon  Evening Time: \_\_\_\_\_ to \_\_\_\_\_

Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday

**Have you ever plead guilty or been convicted of a criminal offense, other than a minor traffic violation?**

Yes  No

If yes,

When \_\_\_\_\_ Where \_\_\_\_\_

Details \_\_\_\_\_

Answering "yes" to these questions does not constitute an automatic rejection for employment. Date of the offense, seriousness and nature of the violation, rehabilitation, and position applied for will be considered.

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**EDUCATIONAL DATA:**

**Highest Education Level Achieved:**  High School Diploma  GED  College \_\_\_\_\_

Trade School  CNA  Certified Caregiver  LPN (retired?  yes  No)  Other \_\_\_\_\_

Degree Obtained:  AAS  BA  MA  Other Discipline: \_\_\_\_\_ Year: \_\_\_\_\_

**Certifications:**

CPR/First Aid  Art-9  CIT  Medications  Fingerprint Clearance  Other \_\_\_\_\_

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**EMPLOYMENT DATA; SKILLS; QUALIFICATIONS:**

**Previous Employment (begin with most recent position):**

Dates of Employment: From \_\_\_\_\_ to \_\_\_\_\_

Position(s) Held: \_\_\_\_\_

Firm: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Starting Salary and Title: \_\_\_\_\_

Ending Salary and Title: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May we contact this employer as a reference? \_\_\_\_\_

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Dates of Employment: From \_\_\_\_\_ to \_\_\_\_\_

Position(s) Held: \_\_\_\_\_

Firm: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Starting Salary and Title: \_\_\_\_\_

Ending Salary and Title: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May we contact this employer as a reference? \_\_\_\_\_

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Dates of Employment: From \_\_\_\_\_ to \_\_\_\_\_

Position(s) Held: \_\_\_\_\_

Firm: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Starting Salary and Title: \_\_\_\_\_

Ending Salary and Title: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May we contact this employer as a reference? \_\_\_\_\_

I certify that my answers are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, educational, financial, and other related matters as may be necessary for an employment decision.

I hereby authorize employers, institutions, schools, and/or individuals to release any requested information to Choices Day Treatment Centers and release all from liability when responding to inquiries in connection with my application.

In the event I am employed, I understand that false or misleading information given in my application or interview(s) may result in discharge. In good faith of the above, I hereby affix my electronic signature and submit my application for review.

**Electronic Signature** \_\_\_\_\_