



EMPLOYMENT APPLICATION

PLEASE FILL IN THE BLANKS USING ADOBE READER

COMPLETELY ANSWER ALL QUESTIONS

Association of Persons Affected by Addiction ("APAA") fully subscribes to the principles of Equal Employment Opportunity. It is our policy to provide employment, compensation, and other benefits related to employment based on qualifications, without regard to race, color, religion, national origin, age, sex, veteran status, genetic information, disability, or any other basis prohibited by federal, state, or local law. In accordance with requirements of the Americans with Disabilities Act and applicable federal, state and/or local laws, it is our policy to provide reasonable accommodation upon request during the application process to applicants in order that they may be given a full and fair opportunity to be considered for employment. As an Equal Opportunity Employer, we intend to comply fully with applicable federal, state and/or local employment laws and the information requested on this application will only be used for purposes consistent with those laws.

Position Applied for: _____ **Date:** _____

Salary Expectations: _____

PERSONAL DATA

Name: _____

Street Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Telephone: _____ **Email:** _____

If you are under 18 years of age, please specify your age: _____ (This information will be used only for child labor law purposes.)

Are there any days, shifts or hours you will not work? ___ Yes ___ No

If yes, please explain: _____

Are you available for out-of-town work? ___ Yes ___ No If yes, % of time willing to travel: _____

Will you work overtime, if required? ___ Yes ___ No

*Note: It is not necessary for you to identify unavailability for work because of religious observance or practice or any other protected classification. Subsequent to any job offer, we will consider whether reasonable accommodation can be provided.

How did you learn about APAA? _____

Have you ever applied or worked for APAA before? ___ Yes ___ No

If yes, provide dates: _____

Do you have any family that work at APAA? ___ Yes ___ No

If yes, please provide employee's name: _____

Are you bilingual? ___ Yes ___ No

What language(s) are you fluent in other than English? _____

Have you ever been convicted of a crime (misdemeanor or felony) other than minor traffic violations?

Yes No (A conviction will not necessarily disqualify an applicant for employment.)

If yes, give dates and details: _____

Are you legally authorized to work in the United States? Yes No

Will you now or in the future require sponsorship for employment visa status (e.g., H-1B Visa Status)?

Yes No

Note: The Federal Immigration and Reform and Control Act of 1986 requires that a DHS Employment Eligibility Verification "Form I-9" be completed for every new hire and that within 3 business days of beginning work every new hire must present to the employer documentation establishing his/her identity and authorization to work. This federal requirement must be satisfied as a condition of employment.

DRIVING RECORD

(Answer only if driving is a requirement for the job which are applying for.)

Do you have a valid driver's license? Yes No State: _____ License No: _____

Have had any moving violations in the past two years? Yes No

If yes, please explain: _____

EDUCATION

Describe any educational degrees, skills, training or experience you believe are relevant to the job applied for.

Name, City and State of Educational Institution	Graduated		Type of Degree Received or Expected	Major	Minor
	Yes	No			

EMPLOYMENT HISTORY

Please complete all full-time or part-time employment beginning with most recent employer. You may include as part of your employment history any verified work performed on a volunteer basis. All applicants should start with their most recent job, include military assignments and voluntary employment, and provide ten (10) years of history. (A separate sheet may be attached.) You must explain any gaps in your employment history.

Company Name: _____ Telephone: _____

Address: _____

Name of Supervisor: _____

Dates Employed: From _____ to _____ Rate of Pay: Start _____ Last _____

State job titles and describe duties: _____

Reason for leaving: _____

Company Name: _____ Telephone: _____

Address: _____

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Reason for leaving: _____

Company Name: _____ Telephone: _____

Address: _____

Name of Supervisor: _____

Dates Employed: From _____ to _____ Rate of Pay: Start _____ Last _____

State job titles and describe duties: _____

Reason for leaving: _____

Have you ever been discharged or asked to resign from employment? ___ Yes ___ No

If yes, explain: _____

Did you receive any discipline in your last 12 months of active employment with your previous employer? ___ Yes ___ No If yes, please explain: _____

Were you given a performance evaluation for the last 12 months of active employment?
___ Yes ___ No If yes, what was the range of scores used and what was your score? _____

Have you signed any non-competition or non-solicitation agreement or any other kind of agreement with any other employer that might restrict you from working for the APAA (you will be required to furnish a copy of the agreement if you are being considered for hire)?

If yes, please explain: _____

PROFESSIONAL REFERENCES (Please list three individuals unrelated to you with whom you have worked with who knows your qualification for this position.)

Name	Address	Phone	Relationship

MILITARY (Complete only if you served in the military.)

Branch of Service: _____

Rank at Discharge: _____ Date of Discharge: _____

Describe any military skills, training or experience you believe are relevant to the job you are applying for. _____

APPLICANT'S ACKNOWLEDGEMENT

I certify that the answers given herein and during the entire application process (including but not limited to information provided in resumes, attachments to this application, interviews or otherwise (if applicable) are true and complete to the best of my knowledge.

I understand that any misrepresentations, omissions of facts or incomplete answers during the application process may disqualify me from further consideration for employment. I further understand that, if employed, any misrepresentations or omissions of facts during the application process may be cause for my dismissal at any time without prior notice.

I consent to and authorize the APAA to contact my former employers, references, and any and all other persons and organizations for information bearing upon my qualifications for employment.

I further authorize the listed employers, schools, and personal references to give the APAA (without further notice to me) any and all information about my previous employment and education, along with any other pertinent information they may have and hereby waive any actions which I may have against either party(ies) for providing a good faith reference.

I EXPRESSLY AGREE AND UNDERSTAND THAT, IF EMPLOYED, MY EMPLOYMENT IS NOT FOR A SPECIFIC TERM, IS BASED ON MUTUAL CONSENT AND MAY BE TERMINATED BY ME OR APAA WITH OR WITHOUT NOTICE OR CAUSE AT ANY TIME. I FURTHER UNDERSTAND THAT NO ORAL PROMISE, EMPLOYER POLICY, CUSTOM, BUSINESS PRACTICE OR OTHER PROCEDURE (INCLUDING PERSONNEL HANDBOOK OR ANY PERSONNEL MANUALS) CONSTITUTE AN EMPLOYMENT CONTRACT OR MODIFICATION OF THE AT-WILL EMPLOYMENT RELATIONSHIP BETWEEN ME AND APAA. I ALSO UNDERSTAND THAT MY AT- WILL EMPLOYMENT STATUS WITH APAA MAY ONLY BE ALTERED IN AN INDIVIDUAL CASE OR IN WRITING SIGNED BY THE PRESIDENT/CEO OF THE APAA.

I understand I may be required to qualify for employment based on additional employment criteria. For example, I may be required to take job-related tests; take a driver's examination or take a preemployment drug test. If I am offered employment or start work before any required test is completed, I understand that my employment is contingent on a satisfactory result on all required tests. I authorize the release of any drug/alcohol test to any state or federal authority requesting such information and in response to a valid subpoena or other legal document. I agree to sign any additional forms necessary for drug tests to be conducted. I certify that the answers given herein and during the entire application process (including but not limited to information provided in resumes, attachments to this application, interviews or otherwise (if applicable) are true and complete to the best of my knowledge.

I understand that any misrepresentations, omissions of facts or incomplete answers during the application process may disqualify me from further consideration for employment. I further understand that, if employed, any misrepresentations or omissions of facts during the application process may be cause for my dismissal at any time without prior notice.

I consent to and authorize the APAA to contact my former employers, references, and any and all other persons and organizations for information bearing upon my qualifications for employment.

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Signature: _____ Date: _____