



APPLICATION FOR EMPLOYMENT



APPLICATIONS CONSIDERED WITHOUT REGARD TO RACE, COLOR, RELIGION, CREED, GENDER, NATIONAL ORIGIN, AGE, DISABILITY, MARITAL STATUS, VETERAN STATUS, SEXUAL ORIENTATION, OR OTHER LEGALLY PROTECTED STATUS.

Position Desired: _____

Availability: ___ Fulltime/ ___ Part-time

How did you hear about CADT?
 Advertisement/Job
 Post
 Employment Agency
 ___ Current CADT employee
 (name below)
 Friend/relative
 Walk-In
 Other:

Last Name	First Name	Middle Name
Phone: _____		
Other means of contacting for interview (2 nd phone #, email, etc.): _____		

Have you been employed by the Center for Alcohol & Drug Treatment before? YES
 NO If yes, provide dates and position:

Can you provide proof of eligibility to be employed in the United States? YES NO

On what date would you be available to work? _____

Do you have transportation to and from work in accordance with your scheduled hours? YES
 NO

Some positions require driving CADT vehicles. If applicable, do you have a valid driver's license and an acceptable driving record? (evidenced by a post-offer motor vehicle records check) YES
 NO

Employees responsible for the provision of direct care must document freedom from chemical use problems. (One year for paraprofessional; two years for professional)

Are you able to document freedom from chemical use problems as required by statute and CADT policy? YES
 NO

EDUCATION:

What level of education have you completed? ___ HS diploma or GED ___ Bachelor degree
 ___ Masters degree ___ Other- _____

Do you have a professional license related to the position for which you are applying? YES
 NO If yes, license type and issuing state:

EMPLOYMENT HISTORY

Start with current or most recent job. I nclude job-related military experience and volunteer work. Exclude experience that indicates race, color, religion, gender, national origin, or other protected status.

EMPLOYER	START DATE	END DATE	PRIMARY RESPONSIBILITIES	MAY WE CONTACT?
				YES/NO
				YES/NO
				YES/NO
				YES/NO

APPLICANT STATEMENT:

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize the Center for Alcohol & Drug Treatment to investigate all statements contained herein as may be necessary in arriving at an employment decision.

This application form employment shall be considered active for a period of time not to exceed one year. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I understand and acknowledge that unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that I may resign at any time and the employer may discharge me at any time, with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct, unless such change is specifically acknowledged in writing by an authorized executive of the Center.

In the event of employment, I understand that false or misleading information given on my application or during interview(s) may result in discharge. I understand also that I am required to abide by all rules and regulations of the employer.

Applicant Signature

Date: