

**EMPLOYMENT APPLICATION**  
**ALCOHOL & DRUG DEPENDENCY SERVICES (ADDS)**

*Alcohol & Drug Dependency Services is an equal opportunity employer and affords equal opportunity to all applicants for all positions without regard to race, creed, color, religion, gender, national origin, age, sexual orientation, genetic information, mental or physical disability, veteran status or any other status protected under local, state or federal laws.*

(PLEASE PRINT IN INK)

<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b>	<b>Date of Application</b>
<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Telephone Number</b>	<b>Cell Phone Number</b>	<b>Email Address</b>	
<b>Position(s) for which you are applying:</b>			<b>Social Security Number</b>
<b>Available for (check all that apply):</b> <input type="checkbox"/> <b>Full Time</b> <input type="checkbox"/> <b>Part Time</b> <input type="checkbox"/> <b>On-Call</b> <input type="checkbox"/> <b>Temporary/Seasonal</b>			
<b>How Did You Hear About Us?</b> <input type="checkbox"/> <b>Newspaper Ad</b> <input type="checkbox"/> <b>Employment Agency</b> <input type="checkbox"/> <b>Current Employee</b> _____ <input type="checkbox"/> <b>Other</b> _____			

**On what date would you be available to begin work?** \_\_\_\_\_

**Salary or rate of pay desired if employed?** \$ \_\_\_\_\_ per \_\_\_\_\_

**Are you legally eligible to work in the United States?** ..... YES [ ] NO [ ]

*(Proof of eligibility will be required upon offer of employment)*

**Are you 18 years of age or older?** *(If no, you may be required to provide authorization)* ..... YES [ ] NO [ ]

**Have you ever applied to ADDS before?** *If yes, please give date* \_\_\_\_\_ YES [ ] NO [ ]

**Have you ever worked for ADDS before?** *If yes, please give date* \_\_\_\_\_ YES [ ] NO [ ]

**Have you ever been excluded or debarred from participating in Federal Health Care Programs?** YES [ ] NO [ ]

*If yes, please explain:* \_\_\_\_\_

**Do you have a record of founded child or dependent adult abuse in this state or any other state?** YES [ ] NO [ ]

*If yes, please explain:* \_\_\_\_\_

**Have you ever been convicted of a felony in this state or any other state or are there any criminal charges pending against you?** *( "YES" does not automatically eliminate you from consideration)* YES [ ] NO [ ]

*If yes, please explain:* \_\_\_\_\_

**FOR DRIVING POSITIONS ONLY:**

**Do you have a valid driver's license?** ..... YES [ ] NO [ ]

**Have you been convicted of any moving violations in the past five years?** ..... YES [ ] NO [ ]

EDUCATION HISTORY	Location / Address of School	Subjects Studied or Major	Years Attended	Diploma or Degree Received
<b>High School:</b>	-----			
<b>College:</b>	-----			
<b>College:</b>	-----			

**List license, registration, certifications currently held and/or skills relevant to this position:** \_\_\_\_\_

**List U.S. Military or Naval Service (service dates and rank):** \_\_\_\_\_

**EMPLOYMENT HISTORY - May we check reference with your current employer? YES [ ] NO [ ]**

*(Begin with current or most recent employer.)*

<b><u>COMPANY NAME:</u></b>	Employment Dates to	Starting Salary \$	Name / Title of Supervisor:
Address:	Reason for leaving:	Ending Salary \$	Phone:
City:			Fax:
State:	Position / description of your duties:		
Zip:			
<b><u>COMPANY NAME:</u></b>	Employment Dates to	Starting Salary \$	Name / Title of Supervisor:
Address:	Reason for leaving:	Ending Salary \$	Phone:
City:			Fax:
State:	Position / description of your duties:		
Zip:			
<b><u>COMPANY NAME:</u></b>	Employment Dates to	Starting Salary \$	Name / Title of Supervisor:
Address:	Reason for leaving:	Ending Salary \$	Phone:
City:			Fax:
State:	Position / description of your duties:		
Zip:			

**REFERENCES - List three persons not related to you or named above as a supervisor who can attest to your work performance.**

Name	Address	Phone Number	Business	Years Known

**APPLICANT ACKNOWLEDGEMENT AND AUTHORIZATION**

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 any and all employers, references, schools, and any others who have pertinent information about me to provide such information to ADDS and/or any of its representatives and I release all parties involved from any and all liability for any and all damage that may result from providing such information.

I understand that if offered a position with ADDS, I may be required to submit to a pre-employment medical examination, drug screening and background check as a condition of employment and that unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of these pre-employments tests and checks will result in withdrawal of any employment offer or termination of employment if already employed. I further understand that, should an offer of employment be extended, such employment is at-will and may be terminated by either ADDS or myself at any time, with or without cause or notice.

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

**Applicant Signature**

**Date**