

PRE-EMPLOYMENT APPLICATION

An Equal Opportunity Employer/Provider

We do not discriminate on the basis of race, color, religion, national origin, age, or disability. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors.

PLEASE PRINT, except where signature is required on back of application. Answer each question fully and accurately.

Job Applied For _____ Today's Date _____

Are you seeking: Full-time Part-time Temporary employment? When could you start work _____

LAST NAME FIRST NAME MIDDLE NAME () TELEPHONE NUMBER

PRESENT STREET ADDRESS City STATE ZIP

Are you 18 years of age or older? _____ Yes No
(if you are hired you may be required to submit proof of age)

Social Security # _____ - _____ - _____

If hired, can you furnish proof you are eligible to work in the U.S.? _____ Yes No

Have you ever applied here before? _____ Yes No If yes, when? _____

Have you ever been employed by CCBH before _____ Yes No If yes, when? _____

Do you currently have any relatives working for CCBH? _____ Yes No

Have you ever been convicted of any law violation (except a minor traffic violation)? _____ Yes No

If yes, give details _____

(a "YES" answer DOES NOT automatically disqualify you from employment, since the nature of the offense, date, and the job for which you are applying will also be considered.)

Are you or do you expect to be engaged in any other business or employment? _____ Yes No

If yes, please explain _____

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

Driver's License # _____ Class of License _____

Have you had your driver's's license suspended or revoked in the last 5 years? _____ Yes No

If yes, give details: _____

PLEASE PRINT

List professional trade, business or civic activities and offices held. **(EXCLUDE LABOR ORGANIZATIONS AND MEMBERSHIPS WHICH REVEAL RACE, COLOR, RELIGION, NATIONAL ORIGIN, SEX AGE, DISABILITY OR OTHER PROTECTED STATUS.)** Please use additional paper, if necessary.

EDUCATION - ABOVE HIGH SCHOOL DIPLOMA SUBJECT TO VERIFICATION BY TRANSCRIPT

List names & addresses of High School, College, University and/or Technical schools attended	Subjects Studied	Diploma / Degree / Certificate received

What skills or additional training do you have that are related to the job for which you are applying? _____

What machines or equipment can you operate that are related to the job for which you are applying? _____

Please list any computer software that you have experience with: _____

Please list Professional licenses & certifications with identification numbers(if applicable):

_____	_____
_____	_____

PLEASE PRINT

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references. Begin with your most recent employment. Attach additional sheet if needed. **THIS MUST BE COMPLETED, ATTACHING A RESUME IS NOT SUFFICIENT.**

NAME OF EMPLOYER		JOB TITLE AND DUTIES:	
ADDRESS		DATE OF EMPLOYMENT:	FROM TO
CITY, STATE, ZIP		PAY:	START \$ FINAL \$
SUPERVISOR	TELEPHONE	REASON FOR LEAVING	

NAME OF EMPLOYER		JOB TITLE AND DUTIES:	
ADDRESS		DATE OF EMPLOYMENT:	FROM TO
CITY, STATE, ZIP		PAY:	START \$ FINAL \$
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PLEASE PRINT

Have you worked under any other name Yes No

If yes, give name(s): _____

Are you currently employed? Yes No

If yes, may we contact your current employer? Yes No

Give three PROFESSIONAL references that are not relatives:

1. _____

Name Phone

Full Address

2. _____

Name Phone

Full Address

3. _____

Name Phone

Full Address

State any additional information you feel may be helpful to us in considering your application: _____

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? _____ Yes _____ No

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I authorize and agree to cooperate in a thorough investigation of all statements made herein and other matters relating to my background and qualifications.

I hereby understand and acknowledge that this application or subsequent employment does not create a contract of employment NOR guarantee employment for a definite period of time. If employed, I understand that all original and promotional appointments, including provisional appointments shall be for a probationary period of one hundred and twenty (120) calendar days from date of appointment. No appointment or promotion is final until the appointee has satisfactorily served his/her probationary period.

If the services of an employee are found to be unsatisfactory following an original appointment, he/she may be removed at any time during his/her probationary period

I understand, also, that I am required to abide by all rules and regulations of the employer.

Applicant Signature

Date