

CDS FAMILY & BEHAVIORAL HEALTH SERVICES, INC.

Application For Employment

The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, gender, religion or national origin.
 The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age but less than 70.
 The Americans with Disabilities Act of 1992 prohibits discrimination on the basis of disability in qualified applicants.

PLEASE PRINT

Please answer all questions and fill in all blanks. Applications that are incomplete may not be considered. Applications that do not reference a current, open position will not be considered.

Date: _____

Name: _____
 (First) (Middle) (Last)

Address: _____
 (Street) (City) (State, ZIP)

Phone/ _____
 Email: _____
 (Home Number) (Cell Number) (E-mail address)

Are you legally eligible for work in the United States? Yes No Are you 21 years or older? Yes No

Position applied for: _____ Referred By: _____

Have you ever applied or worked for this company before? Yes No If yes, when? _____

Date you can start? _____ Salary desired: _____ Are you able to work Full Time Part Time Temporary

Are you employed now? Yes No If yes, may we contact your present employer? Yes No

Please list any additional information which relates to your ability to perform the job for which you have applied, such as special training, certification, machine operations, computer skills, hobbies, languages, etc.:

Have you ever pled guilty or no contest to a crime, been convicted of a crime, had adjudication withheld, prosecution deferred or do you have any criminal charges pending? Yes No. If yes, please explain (*conviction will not necessarily disqualify applicant for employment*):

In case of emergency, notify: _____
 (Name) (Address) (Phone #)

EDUCATION	School Name / Location	# Years Attended	Graduated?	Subjects Studied
Grammar School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Please Continue On The Next Page

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FORMER EMPLOYERS (List below your last three employers, beginning with your most recent one)

Employer: _____	Position Held: _____
Street Address: _____	City: _____ State/Zip: _____
Supervisor's Name: _____	Phone #: _____
Employment dates: from _____ to _____	Salary: Beginning _____ Ending _____
Describe work performed: _____	
Reason for leaving: _____	

Employer: _____	Position Held: _____
Street Address: _____	City: _____ State/Zip: _____
Supervisor's Name: _____	Phone #: _____
Employment dates: from _____ to _____	Salary: Beginning _____ Ending _____
Describe work performed: _____	
Reason for leaving: _____	

Employer: _____	Position Held: _____
Street Address: _____	City: _____ State/Zip: _____
Supervisor's Name: _____	Phone #: _____
Employment dates: from _____ to _____	Salary: Beginning _____ Ending _____
Describe work performed: _____	
Reason for leaving: _____	

PERSONAL REFERENCES (Provide information of three persons not related to you, whom you have known at least one year)

Name: _____	Business: _____	Phone: _____
Street Address: _____	City: _____	State, Zip: _____ Years Acquainted: _____
Name: _____	Business: _____	Phone: _____
Street Address: _____	City: _____	State, Zip: _____ Years Acquainted: _____
Name: _____	Business: _____	Phone: _____
Street Address: _____	City: _____	State, Zip: _____ Years Acquainted: _____

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Equal Opportunity Employer Applicant's Statement

I understand that if I am hired, my employment will be for no definite period, regardless of the period of payment of any wages. I further understand that I have the right to terminate my employment at will at any time without notice or reason, and CDS has the same right. No one other than the Chief Operations Officer/Chief Executive Officer has authority to modify this relationship or make any agreement to the contrary. Any such modification or agreement must be in writing.

I understand that CDS reserves the right to require me to submit to a drug test at any time and also reserves the right to require me to submit to an alcohol test and/or medical examination to the extent permitted by law. I further understand that CDS may contact my previous employers and I authorize those employers to disclose CDS all records and other information pertinent to my employment with them. I release my previous employers from any liability as a result of their disclosure of information about me to CDS. I also authorize CDS to provide truthful information concerning my employment with it to my future prospective employers and I agree to hold it harmless for providing such information.

I further understand that if employed that for the first 90 days of a six-month probationary period, termination for unsatisfactory performance will not result in any CDS responsibility for unemployment benefits. I further understand that completion of the six-month probationary period does not confer any expectation of continued employment and that, if employed, my employment will be for no definite period, or "at-will".

By signing this application, I certify that all of the information that I provide on this application and in any interview will be true, complete, and accurate. I understand that if I am employed and any such information is later found to be false or misleading in any respect, I will be dismissed.

I certify that I have received a written notification that CDS may obtain a consumer report or reports on me. I authorize CDS to obtain such a report or reports for use in connection with my application for employment and other employment-related reasons. If hired, this authorization shall remain on file and serve as ongoing authorization for procurement of employment-related consumer reports at any time during my employment. I understand that the term "consumer reports" includes, but is not limited to, credit checks, criminal background checks, Department of Motor Vehicle reports, and investigative consumer reports. I further understand that "investigative consumer report: means a report in which information on my character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with my neighbors, friends, or associates, or with others with whom I am acquainted or who may have knowledge concerning any such items of information. I further authorize CDS to conduct cyber-screening including reviewing information about me as found on the Internet and social media sites and understand and agree that such information will be considered for purposes of my potential employment with the Organization.

This application will be considered active for a maximum of thirty (30) days. If you wish to be considered for employment after that time, you must reapply.

CDS is an equal opportunity employer and complies with Title VII, the Americans with Disabilities Act, the Age Discrimination in Employment Act, and all other existing local, state, and federal equal employment opportunity laws. CDS is a Drug Free Workplace. Drug testing will be required for employment with this corporation.

I HEREBY CERTIFY that all of the information that I have provided in this application is true and accurate.

Signature: _____

Date: _____