

SPECTRUM CARE ACADEMY



EMPLOYMENT APPLICATION

Complete all sections that apply to you.

EQUAL OPPORTUNITY EMPLOYER

The employer will not discriminate against any employee or applicant for employment because of race, color, religion, sex, age, national origin, ancestry or handicap. Employee must be physically capable of performing the job for which they are applying.

A. Personal

Name: _____ Social Security #: _____
Last First Middle

Telephone No.: _____ (Home) _____ (Other)

Present Address: _____
Street Address City State Zip Code

Are you a U.S. Citizen? Yes No If not, Alien Registration Card? Yes No # _____

Are employment records pertaining to you under any other name? Yes No
If yes, give full name: _____

Does Spectrum employ any of your relatives? Yes No If yes, give name: _____

Have you ever been convicted of a crime, including drug related theft but excluding minor traffic violations?
 Yes No

If you answered "yes" to the above question, you may use the following space to explain extenuating circumstances:

Drivers License # _____ Name on License if different than above: _____

B. POSITION DESIRED

Position(s) Applying For: _____ Salary Expected: \$ _____ per _____

Date Available: _____ Full-time Part-time Number of hours per week: _____

Please check the box that best describes your attendance record at your most recent place of employment:
 Exceptional Good Average Poor

List any skills or qualifications for this position: _____

Physical Condition:

Do you have any physical condition which may limit your ability to perform the job? Yes No
(This position may require you to physically restrain a resident, pursue them on foot, take immediate forceful action in an emergency situation, etc.) If you answered "yes" above, please use this space to explain.

These are serious and important questions since your physical condition could be important in an emergency situation.

List your occupation: _____ Total years of experience in your occupation: _____
Are you presently employed? Yes No

Please describe any supervisory experience: _____

Number of persons you supervised: _____ Length of supervisory period: _____

Have you previously completed an application for employment with us? Yes No When: _____

Have you ever worked for us before? Yes No Position/Title _____
Approximate dates: From _____ to _____

Supervisors Name: _____ Reason for Leaving: _____

C. LICENSE OR CERTIFICATIONS

If the position for which you are applying requires a license or certification (other than a driver's license), please submit the following information:

TYPE	STATE	DATE RECEIVED	LAST RENEWAL	CERTIFICATION NUMBER	EXAMINATION/RECIPROCITY

D. EDUCATION

TYPE OF SCHOOL	NAME CITY STATE	YEARS ATTENDED	GRADUATE?	PRESENTLY ATTENDING?	GIVE DEGREES AND COURSE OF STUDY	DATE	AVERAGE GRADE

E. MILITARY SERVICE

List Military service branch (Army, Air Force, Coast Guard, Marines, Navy, etc.)	Your Specialty:	Date of Discharge	<input type="checkbox"/> Reserve Status <input type="checkbox"/> Active <input type="checkbox"/> Inactive
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F. WORK HISTORY

May we contact your present employer? Yes No

List names of all present and former employers, beginning with the most recent: Explain gaps in employment. (Attach additional sheet if necessary), include an address and telephone number	Employment Dates From: To: Mo. Yr. Mo. Yr.	Responsibilities/Duties	Reason for leaving (be specific)	Name and Title of immediate Supervisor and Starting salary/Ending salary

G. REFERENCES: List name, address and telephone number of three personal references

- 1.
- 2.
- 3.

List name, address and telephone number of three past employers (include a contact person)

- 1.
- 2.
- 3.

H. SIGNATURE (Incomplete applications will not be accepted) Please read and sign below.

The information given by me is certified to be true and accurate. Should a position be offered and later it is found that the information is significantly untrue, incomplete, or misrepresented, I understand and agree that Spectrum Care Academy, Inc., is relieved of all commitments, financial or otherwise, pertinent to employment and that I am subject to immediate discharge without recourse. I also understand that my employment and continued employment may be dependant upon my passing a physical examination.

Release:

I hereby authorize Spectrum Care Academy, Inc., in conjunction with my application for employment, to consult with previous employers with whom I have been associated and with others who may have information bearing on my competence, physical health, character and ethical qualifications. I further authorize Spectrum Care Academy, Inc., to solicit, receive and inspect all records and documents that may be material to an evaluation of professional qualifications and competence to carry out the duties as well as my moral and ethical qualifications.

I hereby release from any liability all representitives of Spectrum Care Academy, Inc., for their acts performed in good faith and without malice in connection with evaluating any application and credentials. I also release from any liability all individuals and organizations who provide information to Spectrum Care Academy, Inc. in good faith and without malice concerning my fitness for the position.

Signature

Date

I. APPLICANT STATUS

Interview Date: _____

Personal Reference Check:

Name: _____ Date: _____

Comments made by reference: _____

Name: _____ Date: _____

Comments made by reference: _____

Name: _____ Date: _____

Comments made by reference: _____

Past Work Reference Check:

Name: _____ Date: _____

Comments made by reference: _____

Name: _____ Date: _____

Comments made by reference: _____

Name: _____ Date: _____

Comments made by reference: _____

Criminal Background Check: Comments: _____

Central Registry Check: Comments: _____

Approved: _____ Program Director/Program Manager Signature

Start Date: _____ Position Title: _____ Salary/Hourly: _____