

# Employment Application

CREOKS Behavioral Health Services

Job Code: \_\_\_\_\_

Position applying for: \_\_\_\_\_

## EMPLOYEE INFORMATION

Name: \_\_\_\_\_

Last

First

Middle

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_ Alternate telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Are you able to perform the essential functions of the position with or without accommodations?

Yes  No

I am legally eligible for employment in the U.S.?

Yes  No

I am seeking a permanent position:  Yes  No

**I will be able to report to work**

**\_\_\_\_\_ days after being notified I am hired.**

## EMPLOYMENT HISTORY

List most recent employment first. Include summer or temporary jobs. Be sure all your experience or employers related to this job are listed here, in the summary following this section or on an extra sheet of paper if necessary. No more than 10 years history recommended.

Employer name and address:	Position title/duties, skills:	Start date:	End date:
_____	_____	_____	_____
_____	_____	Reason for leaving:	
_____	_____	_____	
Pay: \$	Supervisor:	Telephone:	
Per: _____	_____	_____	
Employer name and address:	Position title/duties, skills:	Start date:	End date:
_____	_____	_____	_____
_____	_____	Reason for leaving:	
_____	_____	_____	
Pay: \$	Supervisor:	Telephone:	
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Per: _____	_____	_____	
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_____	_____	_____	_____
_____	_____	Reason for leaving:	
_____	_____	_____	
Pay: \$	Supervisor:	Telephone:	
Per: _____	_____	_____	

Summarize other employment related to this job:

### EDUCATION

	Institution name	Years completed	Field of study	Graduate or degree
High school				
College/university				
Business/technical				
Additional				

### MILITARY

Are you a veteran?  Yes  No

Duty/specialized training: \_\_\_\_\_

### SKILLS & QUALIFICATIONS

Other qualifications such as special skills, abilities or honors that should be considered:

Types of computers, software, and other equipment you are qualified to operate or repair:

Professional licenses, certifications or registrations:

Additional skills, including supervision skills, other languages or information regarding the career/occupation you wish to bring to the employer's attention:

Typing speed: \_\_\_\_\_ per minute

### REFERENCES

List two personal references who are not relatives or former supervisors.

Name	Address	Telephone	Occupation	Years known

### CONTACT

In case of accident or illness, please contact: Name: \_\_\_\_\_ Daytime phone: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

### INFORMATION TO THE APPLICANT

As part of our procedure for processing your employment application, your personal and employment references may be checked. If you have misrepresented or omitted any facts on this application, and are subsequently hired, you may be discharged from your job. You may make a written request for information derived from the checking of your references.

If necessary for employment, you may be required to: supply your birth certificate or other proof of authorization to work in the United States, have a physical examination and/or a drug test, or to sign a conflict of interest agreement and abide by its terms. I understand and agree to the information shown above.

Signature of Applicant

Date

**Equal Employment Opportunity:** While many employers are required by federal law to have an Affirmative Action Program, all employers are required to provide equal employment opportunity and may ask your national origin, race and sex for planning and reporting purposes only. This information is optional and failure to provide it will have no affect on your application for employment.

Developed at employer request by the Alaska Department of Labor & Workforce Development, Employment Security Division.