

Are you able to meet the attendance requirements of the position Yes No

Have you ever been bonded or insured Yes No

Have you ever been arrested for or convicted of a crime, other than a minor traffic violation, that has not been expunged by a court Yes No
If yes, please explain

Certain State Laws/Regulations Applicable to Life Treatment Centers may disqualify an applicant with a conviction. Such convictions may be relevant if job related, but may not bar you from employment

Education

Type of Education	Course of Study	City, State	Degree/Diploma	Y e a r s Completed	Graduated
High School:					
Undergraduate:					
G r a d u a t e / Professional:					
Other (Specify):					

List any experience, certification, special skills, or knowledge which you feel may be relevant to the job you are seeking:

List any computer software/equipment and other office equipment that you can use proficiently:

References

List name and telephone number of three business/work references who are **NOT related to you** and are **NOT previous supervisors**. These can be from a paid or volunteer position. If not applicable, list three school or personal references who are NOT related to you.

Name	Telephone Number	Years Known
	() -	
	() -	
	() -	

Employment History

List all employment (including self-employment, summer, and part-time jobs) during the last ten (10) years prior to the date of the application. If more space is needed, attach additional sheets. Begin with the most current or recent employment.

Employer 1	Telephone	Dates Employed		Summarize the nature of the work performed and job responsibilities
Address		From	To	
Job Title		Hourly Rate/Salary		
		Starting		
Immediate Supervisor		\$	per	
		Hourly Rate/Salary		
Reason for Leaving		Final		
		\$	per	
May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Employer 2	Telephone	Dates Employed		Summarize the nature of the work performed and job responsibilities
Address		From	To	
Job Title		Hourly Rate/Salary		
		Starting		
Immediate Supervisor		\$	per	
		Hourly Rate/Salary		
Reason for Leaving		Final		
		\$	per	
May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Employer 3	Telephone	Dates Employed		Summarize the nature of the work performed and job responsibilities
Address		From	To	

Job Title	Hourly Rate/Salary		
	Starting		
Immediate Supervisor	\$	per	
	Hourly Rate/Salary		
Reason for Leaving	Final		
	\$	per	
May we contact for a reference? No	<input type="checkbox"/> Yes	<input type="checkbox"/>	

Employer 4	Telephone	Dates Employed		Summarize the nature of the work performed and job responsibilities
Address		From	To	
Job Title	Hourly Rate/Salary			
	Starting			
Immediate Supervisor	\$	per		
	Hourly Rate/Salary			
Reason for Leaving	Final			
	\$	per		
May we contact for a reference? No	<input type="checkbox"/> Yes	<input type="checkbox"/>		

Alcohol and Drug Screening Policy

It is the policy of Life Treatment Centers to maintain a safe, healthy, and productive work environment for all of its employees. Because of this goal, Life Treatment Centers requires candidates for employment to pass a drug/alcohol screening test covering illegal substances and legal substances subject to abuse. The process includes the candidate to submit a urine/hair/blood specimen to the appropriate medical provider. Refusal will result in the disqualification for further employment consideration. I understand that if I am offered employment, I will be required to submit to this screening test.

It is understood and agreed upon that any misrepresentation by me on this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed. I give the employer the right to investigate all references and to secure additional information about me, if job related. I hereby release from any and all liability the employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

The employer is an Equal Opportunity/Affirmative Action Employer. Veterans, Individuals with Disabilities and Women are encouraged to apply. The employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state or federal law. This application is current for 60 days. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

I understand that just as I am free to resign at any time, the employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the employer has the authority to make any assurances to the contrary.

I understand that if employment is offered and accepted I agree to adhere to the policies, procedures, rules and regulations of the company and hereby acknowledge that these policies, procedures, rules and regulations can and may be changed or modified by the company at any time without notice.

I understand it is this company's policy not to refuse to hire a qualified individual with a disability because of this person's need for an accommodation that would be required by the ADA.

Signature of Applicant: _____ Date: _____

Resume Attached: Yes No

Affirmative Action Voluntary Information

(Completion of the information below is voluntary. Refusal to provide the information will not result in any adverse actions/treatment.)

We consider applicants for all positions without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, creed, age, disability, veteran status, or any other legally protected status. As an Equal Opportunity Employer (EOE) and Affirmative Action Employer (AA), Life Treatment Centers (LTC) complies with government regulations and Affirmative Action obligations where they apply.

Please be advised that this survey is not a part of your official application for employment. The information is confidential and will only be used in accordance with government recordkeeping, reporting, and other legal obligations.

When the data is reported it will not identify any specific individual. Your cooperation is appreciated.

Position Applied for: _____ Date: _____

Referral Source: _____

Name:

Last

First

Middle Initial

Gender: Male Female I prefer not to answer

Are you Hispanic or Latino Yes No I prefer not to answer

A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish Culture or Origin regardless of race

Race/Ethnic Identification (please check one of the following Equal Opportunity Employment Groups:

- American Indian or Alaskan Native A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment

- Asian A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam

- Black or African American A person having origins in any of the black racial groups of Africa

- Native Hawaiian or Pacific Islander A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands

- White or Caucasian A person having origins in any of the original peoples of Europe, the Middle East, or North Africa

- Two or More Race/Ethnicities A person who identifies with more than one of the above races

- I prefer not to answer A person who wishes to not identify any race/ethnic categories

Government contractors subject to the Vietnam Era Veterans Readjustment Act of 1974, amended 2002, and the Rehabilitation Act of 1973 are required to take Affirmative Action to employ and advance in employment qualified disabled veterans, veterans of the Vietnam Era, and qualified individuals with Disabilities.

You are invited to volunteer this information. Refusal to provide this information will not result in any adverse treatment. Please check all that apply.

- Vietnam Veteran (served 1964 - 1975)
- Disable Veteran
- Not a Veteran
- I prefer not to Answer
- Veteran
- Active duty of campaign badge veteran
- Individual with a disability