

Availability

Please check mark next to the shifts you are available to work.						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
__ 8a - 4p	__ 8a - 4p	__ 8a - 4p	__ 8a - 4p	__ 8a - 4p	__ 8a - 4p	__ 8a - 4p
__ 4p - 12a	__ 4p - 12a	__ 4p - 12a	__ 4p - 12a	__ 4p - 12a	__ 4p - 12a	__ 4p - 12a
__ 12a - 8a	__ 12a - 8a	__ 12a - 8a	__ 12a - 8a	__ 12a - 8a	__ 12a - 8a	__ 12a - 8a

Please note that we serve individuals 24hrs/day 365days/year. Are you able to meet the attendance requirements of the position Yes No

Have you ever been arrested for or convicted of a crime, other than a minor traffic violation, that has not been expunged/sealed/restricted 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? No		<input type="checkbox"/> Yes <input type="checkbox"/>		

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, Inc. to maintain a safe, healthy, and productive work environment for all of its employees. Because of this goal, Life Treatment Centers, Inc. 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. 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.

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.

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 Employer Opportunity (EEO) and Affirmative Action Employer (AA), Life Treatment Centers, Inc. (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: _____

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.

- | | |
|---|--|
| <input type="checkbox"/> Vietnam Veteran (served 1964 - 1975) | <input type="checkbox"/> Veteran |
| <input type="checkbox"/> Disable Veteran | <input type="checkbox"/> Active duty of campaign badge veteran |
| <input type="checkbox"/> Not a Veteran | <input type="checkbox"/> I prefer not to Answer |
-

Office Use only:

Position Available: Yes No

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2020
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Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.¹ To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

Your Name

Today's Date

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2020
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Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

ⁱ Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.