

# Chemical Abuse Services Agency, Inc.



## Employment Application

Position Applied for: \_\_\_\_\_ Date of Application: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Other \_\_\_\_\_

Current Address: \_\_\_\_\_  
Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail address: \_\_\_\_\_

### Applicant Note

This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment, terminating employment. All qualified applicants will receive consideration without discrimination based on sex, marital status, race, color, age, creed, national origin, sexual orientation, military reserve membership, ancestry, religion, height, weight, use of a guide or support animal because of blindness, deafness or physical handicap, or the presence of disabilities. A conviction will not necessarily bar an applicant from employment. Additional testing of job-related skills and for the presence of drugs in your body may be required prior to employment. After an offer of employment, and prior to reporting to work, you will be required to submit to a drug screen test.

### Availability

What date can you start? \_\_\_\_\_ What category would you prefer?  Full time  Part time  Temporary  
For which schedules are you available?  Weekdays  Weekends  Evenings

### Job-Related Skills

NOTE: Do not fill out any part of this section if you believe to be non-job related.

Yes  No

If the job requires, do you have the appropriate valid driver's license?

Yes  No

Have you been given a job description or had the essential functions of the job explained to you?

Yes  No

Do you understand these essential functions?

Yes  No

Can you perform the essential functions of this job with or without reasonable accommodation? If no, what accommodation is required? \_\_\_\_\_

Yes  No

Do you have any type of relationship/association with any of our clients, staff and/or Board of Directors? Name: \_\_\_\_\_

Yes  No

Have you or a family member or associate received services from our agency in the last two years?

### Security

Yes  No

Have you used any names/alias or Social Security numbers other than given above? If so, please list them on comments on the next page.

**Comments**

**Previous Employers**

PLEASE NOTE: Your application will not be considered unless every question in this section is answered. Since we will make every effort to contact previous employers, the correct telephone numbers of past employers are critical. Ask for a phone book or call information if necessary. FOR EMPLOYERS OUTSIDE THE U.S., A CURRENT FAX NUMBER IS MANDATORY.

**Most recent employer**  Yes  No Are you currently working for this employer?  
 Yes  No If yes, may be contacted?

Company Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Job title \_\_\_\_\_ Supervisor Name \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Phone ( )  
Fax ( )

**2<sup>nd</sup> most recent employer**  Yes  No Are you currently working for this employer?  
 Yes  No If yes, may be contacted?

Company Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Job title \_\_\_\_\_ Supervisor Name \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Phone ( )  
Fax ( )

**3<sup>rd</sup> most recent employer**  Yes  No Are you currently working for this employer?  
 Yes  No If yes, may be contacted?

Company Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Job title \_\_\_\_\_ Supervisor Name \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Phone ( )  
Fax ( )

**References**

Include only individuals familiar with your work ability not reference above. **Do not include relatives or names of close friends.**

Name	Address/Phone	Years known/Relationship
1.		
2.		

**Education**

If your school records are under a different name than listed on page 1, please enter that name \_\_\_\_\_

School Name	City/State	Graduated	Degree Type
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Applicant Statement**

I certify that I have read and understand the applicant note on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are true, complete and correct. I understand that any false information, omissions or misrepresentations of facts called for in this application, whether on this document or not, may result in rejection of my application or discharge at any time during my employment. I authorize without reservation, the employer, its representatives, employees, including consumer reporting bureaus, to verify any of this information. I release all former employers, persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment. I understand that this application remain current for only 30 days. I understand that any applicant for employment who is selected as a candidate for employment will be conditionally offered a position contingent upon a medical examination, background check, and drug screening. If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with our without cause and with or without notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 form in this regard. I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

<b>Signature</b>	<b>Date</b>
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SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ We will use this information only for employment purposes and make reasonable efforts to safeguard your privacy.

**Federal Drivers Privacy Protection Act  
Authorization to Obtain Motor Vehicle Report**

For the sole Purpose of the determination and evaluation of my motor vehicle operating record and pursuant to the State and Federal regulations of compliance, I \_\_\_\_\_, authorize CASA, Inc. to obtain my Motor Vehicle Report. I understand that this record may contain personal information. In addition to any/all driver violations and/or accidents, this may be on record through the \_\_\_\_\_ State Department of Motor Vehicles.  
(Name of State)

Signature of Employee: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Mailing Address (if different from above): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

\*Personal information means information that identifies an individual including an individual's photograph, social security number, driver identification number, name, address, and telephone number. It does not include information on vehicular accidents, driving violations and driver status.



## Reference Check Release form

I authorize CASA, Inc. to conduct a reference check with my present and/or previous employer(s). This also serves to authorize my present and/or previous employer (s) to provide reference information to CASA, Inc. as it is requested. I understand that reference information may include, but not be limited to, verbal and written inquiries or information about my employment performance, professional demeanor and character, rehiring potential, dates of employment, salary and employment history. By providing such authorization, I understand and agree that I release CASA, Inc., its trustees, staff employees, and former employer from any and all claims or potential claims I may have regarding any and all information released to or by CASA, Inc. and regarding any employment decisions made about me on the basis of such information.

**Signature** \_\_\_\_\_

**Print your name** \_\_\_\_\_ **Date** \_\_\_\_\_

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Contact \_\_\_\_\_ Title \_\_\_\_\_

Phone \_\_\_\_\_

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Contact \_\_\_\_\_ Title \_\_\_\_\_

Phone \_\_\_\_\_