

FOR HR USE ONLY: NAME _____ PHONE _____

POSITION _____ RECEIPT DATE: ____ / ____ / ____

**CADAS, INC. APPLICATION FOR EMPLOYMENT
AN EQUAL OPPORTUNITY EMPLOYER
AND
DRUG FREE WORKPLACE**

We do not discriminate based on race, ethnicity, religion, color, sex, age, national origin, sexual orientation, or mental or physical disability or medical condition, claims experience or genetic information.

It is our intention that all qualified applicants are given equal opportunity and that selection decisions be based on job-related factors.

INSTRUCTIONS

Each question should be fully and accurately answered. You must be sure you have complete addresses and phone numbers listed for each employer, personal references and education. No action can be taken on this application until all questions have been answered. Use blank paper if you do not have enough room on this application. PLEASE PRINT, except for signature fields. In reading and answering the questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information. Failure to completely fill out application in detail will have a bearing on the selection process.

APPLICATION FOR EMPLOYMENT

Pre-Employment Questions
An Equal Opportunity Employer

PERSONAL INFORMATION

Name (Last Name First):				
Present address:	Apt.:	City:	State:	Zip code:
Past address:	Apt.:	City:	State:	Zip code:
Are you 18 years or older? Yes <input type="checkbox"/> No <input type="checkbox"/>	Phone:		Email:	

DESIRED EMPLOYMENT

Position:	Date you can start:	Salary desired:
Are you employed now? Yes <input type="checkbox"/> No <input type="checkbox"/>	If so, may we inquire of your present employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Ever applied to this company before? Yes <input type="checkbox"/> No <input type="checkbox"/>	Where?	When?
Ever worked for this company before? Yes <input type="checkbox"/> No <input type="checkbox"/>	Where?	When?
Reason for leaving:		
Name of last supervisor at this company:		
Who referred you to this company? <input type="checkbox"/> Employment Agency <input type="checkbox"/> Newspaper Advertising <input type="checkbox"/> Friend <input type="checkbox"/> State Employment Office <input type="checkbox"/> College Placement Service <input type="checkbox"/> Walk In <input type="checkbox"/> Other		

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EDUCATION

School Level	Name of School	Address of School	Did You Graduate?	Subjects Studied
Grammar School				
High School				
College				
Trade, Business or Correspondence School				

GENERAL

Subjects of special study or research work:
Special training:
Special skills:

FORMER EMPLOYERS

List below the last **five years** of employment, starting with the most recent. If there are gaps in time, please explain why.

Name of present or last employer:				
Address:		City:	State:	Zip code:
Starting date:	Leaving date:		Job title:	
Weekly starting salary:	Weekly final salary:		May we contact your supervisor?	
Name of supervisor:	Title:		Phone:	
Description of work:				
Reason for leaving:				

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REFERENCES

Below, give the names of three persons you are not related to, whom you have known at least five years.

Name	Address	Phone Number	Years Acquainted
1			
2			
3			

SERVICE RECORD

Branch of Service:	Discharge Date and Rank:

CRIMINAL RECORD

<p>Have you been convicted of a felony within the last 5 years?</p> <p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>
If yes, explain (will not necessarily exclude you from consideration):

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AUTHORIZATION

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THAT THEY MAY HAVE, PERSONAL OR OTHERWISE AND RELEASE THE COMPANY FROM ALL LIABILITY FROM ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION.

I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING, UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED COMPANY REPRESENTATIVE."

Date

Signature

PLEASE CONTINUE TO THE NEXT PAGE 

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Name: _____ Position: _____ Date: _____

What position are you applying for?

Are you interested in part-time, full-time, PRN?

Do you have a valid driver's license?

Why are you currently searching for a new position?

What shift(s) are you available to work?

Can you work weekends?

Why do you want to work with drug and/or alcohol dependent persons?

