

## **Employment Application**

## Consent

☐ I understand that if I am employed, any misrepresentation made by me on this application will be sufficient cause for cancellation of this application or immediate discharge from employment by PIMHA Treatment Center, whenever it is discovered.
☐ I give PIMHA Treatment Center the right to contact and obtain information from all references, employers, educational institutions, and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability PIMHA Treatment Center. and its representatives for seeking, gathering and using such information and all other persons, corporations or organizations for furnishing such information
☐ This application is current only for the position noted on first page. When the position is filled, if I have not heard from PIMHA Treatment Center. and still wish to be considered for employment, it will be necessary to fill out a new application.
I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization
☐ If the position applied for requires driving in the course of work, I understand that I will be required to possess a current and valid AK driver's license and understand that I will be required to provide a copy of my official driving record and proof of insurance. I also understand that any offer of employment is contingent on my ability to be covered by PIMHA Treatment Center, auto insurance, if required for my position.
☐ This employment offer is not an employment contract and is not intended to create contractual obligations of any kind. Our employment relationship will be terminable at will, which means that either you or PIMHA Treatment Center may terminate your employment at any time and for any reason or for no reason with or without notice.
<u>Discrimination</u>
☐ It is the policy of PIMHA Treatment Center to initiate comprehensive affirmative action personnel programs in order to provide applicants and employees the right to equal employment opportunities. PIMHA Treatment Center will not engage in discriminatory practices against any person employed or seeking employment because of race, color, religion, ethnic background, national origin, marital status, physical or mental handicaps, veteran status, or sexual preference or within the limits imposed by law because of age or citizenship.



## **Employment Application**

		Ар	plicant	Informa	ation				
Full Name:							Date:		
	Last	Fi	rst			M.I.			
Address:									
	Street Address						Apartment/Unit #		
	City					State	ZIP Code		
Phone:				Email					
Date Availal	Available: Social Securi		rity No.:	o.: Desired			d Salary: <b>\$</b>		
Position App	olied for:								
Are you see	king: ☐ Full-Time ☐ Part-Tin	ne							
Are you a ci	tizen of the United States?	YES	S NO	If no, a	are you	authorized to w	YES rork in the U.S.?	NO	
Have you ev	ver worked for this company?	YES	S NO	If yes, v	when?				
Have you ev	ver been convicted of a felony	YES	S NO						
If yes, expla	in:								
			Educ	cation					
High School	l:		Address	:					
From:	To: I	Did you	graduate?	YES	NO	Diploma:			
College:			Address	:					
								_	

From:	To:	Did you graduate?	YES	NO	Degree:		
Other:		Address:					
From:	To:	Did you graduate?	YES	NO	Degree:		
		Refere	ences				
Please lis	t three professional referen	ces.					
Full Name	:				Relatio	nship:	
Company:					F	hone:	
Address:							
Full Name	:				Relatio	nship:	
Company:					F	hone:	
Address:							
Full Name	:				Relatio	nship:	
Company:					F	hone:	
	-						
Address:							
Address:		Previous Er	nployn	nent			
Address:  Company:		Previous Er	nployn	nent	F	hone:	
		Previous Er	mployn	nent		rvisor:	
Company:		Previous Er Starting Sa		nent	Supe		
Company: Address:				nent	Supe	rvisor:	
Company: Address: Job Title:					Supe	rvisor:	
Company: Address:  Job Title:  Responsit	pilities:	Starting Sa	ılary:\$		Supe End	rvisor:	
Company: Address:  Job Title:  Responsit	Dilities: To:	Starting Sa	alary:\$ Reason YES	for Lea	Supe End	rvisor:	
Company: Address:  Job Title:  Responsit	oilities: To: pontact your previous supervis	Starting Sa	alary:\$ Reason YES	for Lea	Supe End	rvisor:	

Job Title:	Starting S	Salary: <b>\$</b>		Ending Salary:\$		
Responsibili	ities:					
From:	To:	Reason fo	or Leaving: _			
May we con	tact your previous supervisor for a reference?	YES	NO			
Company:				Phone: Supervisor:		
Job Title:		Starting Salary:\$				
Responsibili	ities:					
From:	To:	Reason fo	or Leaving: _			
May we con	tact your previous supervisor for a reference?	YES	NO			
	Military	Service				
Branch:			From:	То:		
Rank at Disc	charge:	Type of	Discharge:			
If other than	honorable, explain:					
	Disclaimer a	ınd Signa	ture			
I certify that	t my answers are true and complete to the be	est of my kn	owledge.			
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.						
Signature:				Date:		



## **SELF-REPORTING DATA SHEET**

PIMHA Treatment Center treats employees and applicants for employment on the basis of outstanding merit and experience, without regard to race, color, religion, sex, national origin, marital / changes in marital status, pregnancy, parenthood, physical or mental disability or age. In an effort to evaluate our selection process and to meet government reporting requirements we request that you complete this form. The data you provide is to be used solely for reporting, research, statistical purposes and to comply and monitor compliance with legal requirements. Your voluntary cooperation will be appreciated and failure to complete this form will not affect the decision concerning your employment application.

Please select all that apply. Race:						
	Hispanic or Latino Alaska Native White Black or African American Native Hawaiian or Pacifi Asian American Indian		ınder			
Plea	Other  ase select the age range  18 – 25  26 – 40  41 – 55	and	I gender that apply.  Male  Female  Other			
	56 +					