



SPECIAL TREATMENT CENTER INC.
Remarkable People. Specialized Care.

DATE APPLICATION COMPLETED _____

APPLICATION FOR EMPLOYMENT

Please Type or print using BLACK or BLUE ink

Instructions for completing this application: Each question should be fully and accurately answered. **No** action will be taken on the application until **all** questions have been answered. Use blank paper if you don't have enough space.

EMPLOYMENT DESIRED

Please check one:

- Licensed Nurse / Psychiatric Technician C.N.A./C.M.A. Pre-Licensed Nursing position
- Psychosocial Rehabilitation Specialist Mental Health Rehabilitation Specialist Clinical Specialist
- Dietary Aide/Dishwasher Cook Housekeeping Maintenance Other: _____

Indicate you are available to work all shifts indicated below:

- Days -7:00AM-3:30PM Evenings - 3:00PM-11:30PM Nights - 11:00PM-7:30AM
- Monday Tuesday Wednesday Thursday Friday Saturday Sunday
- Full-Time Part-Time Per-Diem

PERSONAL INFORMATION

Name (Last, First, MI)

Current Street address

City, State, Zip

Home phone number

Cell phone number

E-mail address

Have you ever worked for ASTCI? No Yes If yes, when?

List relatives, friends or roommates currently employed at ASTCI:

Positions at Alpine Special Treatment Center may require lifting. Can you without difficulty lift:

10 lbs.: Yes No 11 – 24 lbs.: Yes No 25 – 50 lbs.: Yes No

Have you ever been in the U.S. Military? Yes No

Are you now a member of the Reserves/National Guard? Yes No

Are you at least 18 years of age? Yes No

If hired, can you provide proof of U.S. citizenship or proof of your legal right to work in the U.S.? Yes No

Are you able to perform all of the essential functions of the position you are applying for, either with or without reasonable accommodations? Yes No

If hired, are there any accommodations ASTCI would need to provide so that you can perform all essential functions of the position? Yes No

If Yes, please explain:

If hired for a position requiring driving are you willing to submit your DMV record? Yes No N/A

List any languages other than English that you speak, read or write that could be of benefit:

	Fluent	Good	Fair
Speak			
Read			
Write			

EMPLOYMENT HISTORY

Please identify all positions held in the past ten (10) years and all experience related to the position you are applying for. Include periods of unemployment, self-employment, volunteer activities, and military service, beginning with your **most recent** employer.

You must complete this section even if attaching a resume.

May we contact your current employer? Yes No

May we contact your previous employers? Yes No

1.

Current Employer	Start Date	End Date
Address (street name, city, state, zip)		
Phone number:	Supervisor Name and Title:	
Job position(s):		
Reason(s) for leaving:		
List Essential Job Functions:		

2.

Employer	Start Date	End Date
Address (street name, city, state, zip)		
Phone number:	Supervisor Name and Title:	
Job position(s):		
Reason(s) for leaving:		
List Essential Job Functions:		

3.	Employer	Start Date	End Date
	Address (street name, city, state, zip)		
	Phone number:	Supervisor Name and Title:	
	Job position(s):		
	Reason(s) for leaving:		
	List Essential Job Functions:		

4.	Employer	Start Date	End Date
	Address (street name, city, state, zip)		
	Phone number:	Supervisor Name and Title:	
	Job position(s):		
	Reason(s) for leaving:		
	List Essential Job Functions:		

5.	Employer	Start Date	End Date
	Address (street name, city, state, zip)		
	Phone number:	Supervisor Name and Title:	
	Job position(s):		
	Reason(s) for leaving:		
	List Essential Job Functions:		

6.	Employer	Start Date	End Date
	Address (street name, city, state, zip)		
	Phone number:	Supervisor Name and Title:	
	Job position(s):		
	Reason(s) for leaving:		
	List Essential Job Functions:		

EDUCATION

	Name of School City, State	Graduated	# of Years Attended	Coursework Major	Degree
High School/GED		<input type="checkbox"/> Yes <input type="checkbox"/> No			
College or University		<input type="checkbox"/> Yes <input type="checkbox"/> No			
College or University		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Trade / Vocational School		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Other		<input type="checkbox"/> Yes <input type="checkbox"/> No			

PROFESSIONAL LICENSE / CERTIFICATION / REGISTRATION

Type of Professional License, Certification or Registration	Name on Professional License, Certification or Registration	Issuing State and Number	Expiration Date

REFERRAL SOURCE

How did you hear about this position? Walk-in Internet Friend Relative

Please name internet site/Friend/Relative: _____

Alpine Special Treatment Center, Inc. is an equal opportunity employer. ASTCI does not discriminate on the basis of race, color, religion, sex, national origin, age, disability, marital or veteran status, or any other characteristic protected by applicable state or federal law.



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AUTHORIZATION FOR REALEASE OF INFORMATION REGARDING PREVIOUS EMPLOYMENT

I hereby certify that the information contained in this Application for Employment is true and correct to the best of my knowledge and agree to have any of the statements checked by ASTCI unless I have indicated to the contrary. I authorize the references listed above, as well as all other individuals with whom ASTCI contacts, to provide ASTCI any and all information concerning my previous employment and any other pertinent information that they may possess. Further, I release all parties and persons from any and all liability for any damages that may result from furnishing such information to ASTCI as well as from any use or disclosure of such information by ASTCI or any of its agents, employees, or representatives. I understand that any misrepresentation, falsification, or material omission of information on this Application for Employment may result in my failure to receive an offer or, if I have already been hired, my immediate dismissal from employment.

Applicant Name: _____

Date: _____

Applicant Signature: _____

PRE-EMPLOYMENT BACKGROUND CHECK AND MEDICAL EXAMINATION

Alpine Special Treatment Center, Inc. (ASTCI) is committed to a safe, healthy work environment. Applicants will be required to pass a background investigation prior to being considered for employment.

In addition, I understand that ASTCI will require me to submit to a pre-employment medical examination and drug and alcohol screening tests. Compliance with ASTCI's Drug-Free Workplace policy is a condition of employment and requires every employee to be free from alcohol and drug abuse. Each offer of employment is contingent on successfully completing a urinalysis test for alcohol and drugs in accordance with ASTCI policy and in line with Federal law as it relates to controlled substances. ASTCI will not hire any applicant who fails to pass the pre-employment drug and alcohol test. Continued employment is also contingent on compliance with ASTCI's Drug-Free Workplace policy.

Applicant Name: _____

Date: _____

Applicant Signature: _____