

Position Desired: _____

Date: _____

ALPINE SPECIAL TREATMENT CENTER, INC.

APPLICATION FOR EMPLOYMENT

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. Please print, except for signature pages.

- 1. This application will remain active for ninety (90) days only. If you wish to be considered for employment thereafter, you must submit another Application for Employment.
2. This company is an equal opportunity employer. Federal and state law prohibits discrimination in employment practices and we do not discriminate on the basis of race, color, religion, sex, age, national origin, disability, marital or veteran status, or any other legally protected status.
3. False statements on this application shall be sufficient cause for termination.
4. If hired, can you submit verification of your legal right to work in the United States? Yes No
5. Alpine Special Treatment Center is committed to a safe, healthy work environment. Applicants will be required to pass a background investigation prior to being considered for employment.

PERSONAL INFORMATION

Name (Last, First, MI)

Street address

City, State, Zip

Home phone number

Cell phone number

E-mail address

EMPLOYMENT DESIRED

Please check one:

- Licensed Vocational Nurse C.N.A./C.M.A. Nurse 1 Floor Nurse Medication Nurse Psychiatric Nurse
Psychosocial Rehabilitation Specialist Mental Health Rehabilitation Specialist
Dietary Aide/Dishwasher Cook Housekeeping Maintenance Other:

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

Please name internet site/Friend/Relative:

Date available for work:

Salary Requirements:

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

ADDITIONAL INFORMATION

Were you ever employed with ASTCI? No Yes If yes, when?

Do you have any relatives/friends employed by Alpine Special Treatment Center? No Yes If yes:
 Name: _____ Relationship: _____

Have you ever been fired from a job or asked to resign? Yes No If yes, please explain

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

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

	Fluent	Good	Fair
Speak	_____	_____	_____
Read	_____	_____	_____
Write	_____	_____	_____

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

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

If you are under 18 years of age, can you provide proof of your eligibility to work? 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 job for which you are applying with or without reasonable accommodation? 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

Have you ever been convicted of a felony or misdemeanor, other than a minor traffic violation? Yes No
Please note that any conviction may cause delays in the completion of your background check and you may be required to provide additional information related to your conviction. You cannot be considered for employment with ASTCI until your background check is completed and clearance is granted by the CA Department of Healthcare Services.

If Yes, please indicate whether 1) felony/misdemeanor, 2) type of charge 3) date of conviction, (explanation if desired):

EMPLOYMENT HISTORY

List below all present and past employers over the past ten years, starting with your **most recent** employer. Account for all periods of unemployment.

You **must** complete this section even if attaching a resume.

Are you currently on "lay off" status & subject to recall? Yes No

May we contact your current employer? YES NO

1.	Current Employer	Start Date	End Date
	Address (street name, city, state, zip)		
	Phone number:	Supervisor(s)	
	Job position(s):	Starting Salary	Ending Salary
	Reason(s) for leaving:		
	List Essential Job Functions:		

2.	Employer	Start Date	End Date
	Address (street name, city, state, zip)		
	Phone number:	Supervisor(s):	
	Job position(s):	Starting Salary	Ending Salary
	Reason(s) for leaving:		
	List Essential Job Functions:		

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

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

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

EDUCATION	
High School	School Name, City, State, Date of Completion
<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 (check Grades Completed)	
College:	College/University Name, Date of Completion
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	
List all Degrees w/majors and minors if applicable	

Certification and Training			
	Date Certified or Licensed Include License Number	Date Certification or License expires	Agency or Location Issuing License or Certification, include certification numbers
Mental Health Worker			
Licensed Nurse			
C.N.A./C.M.A.			
P.A.R.T. or Pro Act			
C.P.R.			
Other			

REFERENCES

List below three persons not related to you who have knowledge of your **professional work performance**:

Professional Reference #1

Name		Occupation
Company name	Address	
Telephone	E-mail	Relationship & years acquainted

Professional Reference #2

Name		Occupation
Company name	Address	
Telephone	E-mail	Relationship & years acquainted

Professional Reference #3

Name		Occupation
Company name	Address	
Telephone	E-mail	Relationship & years acquainted

**BLANKET AUTHORIZATION FOR REALEASE OF INFORMATION
REGARDING PREVIOUS EMPLOYMENT**

I, _____, hereby authorize Alpine Special Treatment Center to collect any and all reference and records related to my past employment, and work history. I release and discharge both my former and prospective employers from any and all claims or actions related to this Employee Reference Request and all related exchange of records or other communications concerning my past employment.

Signature: _____ Date: _____

Printed Name:

(Last, First, MI)