



## Employment Application

### Applicant Information

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap or veteran status.

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street Address Apartment/Unit #

\_\_\_\_\_ City State ZIP Code

Phone: (\_\_\_\_) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Date Available: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ - - \_\_\_\_\_ Desired Salary: \$ \_\_\_\_\_

Position Applied for: \_\_\_\_\_

Are you a citizen of the United States?  YES  NO If no, are you authorized to work in the U.S.?  YES  NO

Have you ever worked for this company?  YES  NO If yes, when? \_\_\_\_\_

Have you ever been convicted of a felony?  YES  NO If yes, explain: \_\_\_\_\_

Are you a veteran?  YES  NO

### Licensure

	Number		Expiration Date	
LCDC				
LPC				
LMSW				
Other				
Other				

### Education

	Name   Location	Course of Study	No. of Years Completed	Did you graduate?	Degree or Diploma
Graduate				Yes <input type="checkbox"/>   No <input type="checkbox"/>	
College				Yes <input type="checkbox"/>   No <input type="checkbox"/>	
Business   Trade				Yes <input type="checkbox"/>   No <input type="checkbox"/>	
High School				Yes <input type="checkbox"/>   No <input type="checkbox"/>	

Other special training or skills you would like us to be aware of such as languages, etc.?

\_\_\_\_\_

## Employment History

Company Name: \_\_\_\_\_ Employment Dates: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*

\_\_\_\_\_  
*City* *State* *Zip Code*

Name of Supervisor: \_\_\_\_\_ Job Title: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Brief Job Description: \_\_\_\_\_

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Company Name: \_\_\_\_\_ Employment Dates: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*

\_\_\_\_\_  
*City* *State* *Zip Code*

Name of Supervisor: \_\_\_\_\_ Job Title: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Brief Job Description: \_\_\_\_\_

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Company Name: \_\_\_\_\_ Employment Dates: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*

\_\_\_\_\_  
*City* *State* *Zip Code*

Name of Supervisor: \_\_\_\_\_ Job Title: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Brief Job Description: \_\_\_\_\_

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### OPTIONAL SECTION

*We will contact the employers listed, unless you indicate otherwise.*

Do not contact: \_\_\_\_\_

Reason: \_\_\_\_\_

**Authorization:** I authorize Bay Area Council on Drugs & Alcohol, Inc. to obtain information about me from my previous employers, licensure boards, and schools. I authorize my previous employers, licensure boards, and schools that I have attended to disclose to Bay Area Council on Drugs & Alcohol, Inc. such information about my as Bay Area Council on Drugs & Alcohol, Inc. may request.

Initials

Have you been convicted of a felony, excluding misdemeanors and summary offenses, which has not been annulled, expunged or sealed by a court?

Yes

No

Dates: \_\_\_\_\_

### References

*Please list the names, addresses, and telephone numbers of two people to whom you are not related and by whom you have not been employed who will provide a reference for you.*

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

Home Phone: (\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Address*

\_\_\_\_\_ *Apartment/Unit #*

\_\_\_\_\_ *City*

\_\_\_\_\_ *State*

\_\_\_\_\_ *Zip Code*

Comments: \_\_\_\_\_

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

Home Phone: (\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Address*

\_\_\_\_\_ *Apartment/Unit #*

\_\_\_\_\_ *City*

\_\_\_\_\_ *State*

\_\_\_\_\_ *Zip Code*

Comments: \_\_\_\_\_

How were you referred to BACODA? \_\_\_\_\_

Summarize any special skills or qualifications that you feel would make you a good candidate for the position in which you are applying.

### **OPTIONAL SECTION**

*If you have a disability, please indicate any special accommodations needed to perform the tasks required in this position.*

**Verification of Application**

**Accuracy:** I verify that the statements I have made in this application are true, correct, and complete. I understand that if I am hired, any false or incomplete statements in this application will be grounds for immediate discharge.

Initials

I understand that acceptance of an offer of employment at BACODA is not a contract.

Initials

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

**BACODA Use Only**

To be filled out by the Human Resources Department

<b>Employer</b>			
<b>Contact Date</b>			
<b>Name of Contact</b>			
<b>Dates of Employment</b>			
<b>Positions Held</b>			
<b>Eligible for Rehire</b>	Yes <input type="checkbox"/>   No <input type="checkbox"/>	Yes <input type="checkbox"/>   No <input type="checkbox"/>	Yes <input type="checkbox"/>   No <input type="checkbox"/>
<b>Incidents of Sexual Misconduct</b>	Yes <input type="checkbox"/>   No <input type="checkbox"/>	Yes <input type="checkbox"/>   No <input type="checkbox"/>	Yes <input type="checkbox"/>   No <input type="checkbox"/>
<b>Other Comments</b>			

Please initial each checking process below as completed in order to show who completed the check.

**Licensure Check**

<b>Initials</b>	<b>Licensure Type</b>	<b>Number</b>	<b>Expiration Date</b>
	LCDC		
	LPC		
	LMSW		
	Other		
	Other		

UA taken: Yes  No

UA completed: Yes  No

Criminal Background Check completed: Yes  No

## AUTHORIZATION FOR RELEASE OF INFORMATION

connection with my application for employment, volunteering, interning or contracting for services with BACODA, **I fully understand that this Release acknowledges that BACODA may now or at any time while I am employed, volunteering, interning or contracting with BACODA, conduct a criminal background check, employment history check, reference checks and academic and licensing verification.** I authorize and request all persons, schools, businesses, corporations, courts, law enforcement, armed forces, employment commissions and all government agencies to release said information without restriction or qualification.

This release shall include but not be limited in its scope or purpose for reasons of business necessity. All results will be propriety and kept confidential and will not be provided to any parties other than BACODA or its legal representative. I hereby declare the answers to the misstatement of fact or omission may lead to rejection or revocation of my application for employment, volunteering, internship or contract services. I have the right, with proper identification, to dispute the accuracy or completeness of any information contained in my report/files with BACODA.

BACODA is an Equal Opportunity Employer and does not discriminate as to race, ethnicity, religion, gender, sexual orientation, national or religious origin, age, veteran status, or disabilities (including mental illness). I release BACODA, their officers, employees and agents from any and all liability arising from the results and preparation of my background check.

**I have read or had read to me this release form and I understand, consent and agree to authorize the execution of this release in full by my signature this date.**

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

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

First: \_\_\_\_\_

Middle: \_\_\_\_\_

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

Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

DOB: \_\_\_\_\_

TDL#: \_\_\_\_\_

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

Length of time here: \_\_\_\_\_

Previous Address: \_\_\_\_\_

Length of time here: \_\_\_\_\_