

APPLICATION FOR
EMPLOYMENT

DRUG ABUSE TREATMENT ASSOCIATION, INC.

The Drug Abuse Treatment Association, Inc., (DATA) is an equal opportunity employer and adheres to the principles and practices outlined in the Civil Rights Act of 1964, which prohibits discrimination in employment on the basis of race, sex, religion or national origin and Public Law 90-202 which prohibits discrimination based on age.

We appreciate your interest in our company and assure you that we are interested in your qualifications. An understanding of your background and work history will aid us in placing you in a position that meets your qualifications and may possibly assist us in your future advancement with DATA.

This application will be given every consideration, but its receipt does not imply that the applicant will be employed. Each question should be answered in a complete and accurate manner as no action can be taken on this application until all questions have been answered.

**DATA IS A DRUG-FREE WORKPLACE
WE CONDUCT DRUG TESTS ON ALL POTENTIAL JOB APPLICANTS
EMPLOYMENT IS CONDITIONAL PENDING THE OUTCOME OF THE TEST RESULTS
PLEASE DO NOT APPLY FOR EMPLOYMENT IF YOU CANNOT PASS A DRUG TEST**

NAME: _____

DATE: _____

POSITION APPLIED FOR: _____

Full Time Part Time Temporary



Prospective employees will receive consideration without discrimination of race, color, religion, sex, sexual orientation, natural origin, age, veteran status or qualified individuals with disabilities.

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E D U C A T I O N	School	Name and Location of School	Course of Study	No. of Years Completed	Did You Graduate?	Degree or Diploma
	Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Business/Trade/Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Elementary				<input type="checkbox"/> Yes <input type="checkbox"/> No	

If you did not graduate, why did you leave high school or college? _____

Are you planning to pursue further studies? Y___ N___ If so, when, where and what courses? _____

List any scholastic honors, offices held and activities involved in during high school and college? _____

List and describe any other School or Specialized Training? _____

Do you type? Y___ N___ Words per minute? _____

Do you take shorthand? Y___ N___ Words per minute? _____

Do you have any computer experience or training? Y___ N___

If yes, please describe _____

List any other special skills (languages, machine operation, etc.): _____

If you worked in any of your previous positions under another name, please give that name: _____

Do you have any physical condition which might limit your ability to perform the job for which you are applying? Y___ N___

If yes, describe this condition and how you can perform the job in spite of it: _____

Have you ever received Worker's Compensation or Disability Income payments? Y___ N___ If yes, give details of injury and Employer when injured: _____

Will you abide by the safety rules of this company? Y___ N___

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EMPLOYMENT

Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer.

1	Company Name	Telephone ()
	Address	Employed - (State month and year) From To
	Name of Supervisor	Weekly pay Start Last
	State Job Title and Describe Your Work _____	Reason for Leaving

2	Company Name	Telephone ()
	Address	Employed - (State month and year) From To
	Name of Supervisor	Weekly pay Start Last
	State Job Title and Describe Your Work _____	Reason for Leaving

3	Company Name	Telephone ()
	Address	Employed - (State month and year) From To
	Name of Supervisor	Weekly pay Start Last
	State Job Title and Describe Your Work _____	Reason for Leaving

4	Company Name	Telephone ()
	Address	Employed - (State month and year) From To
	Name of Supervisor	Weekly pay Start Last
	State Job Title and Describe Your Work _____	Reason for Leaving

4	Company Name	Telephone ()
	Address	Employed - (State month and year) From To
	Name of Supervisor	Weekly pay Start Last
	State Job Title and Describe Your Work _____	Reason for Leaving

We may contact the employers listed above unless you indicate those you do not want us to contact.	DO NOT CONTACT
	Employer Number(s) _____ Reason _____

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MILITARY	Did you serve in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes," in what Branch?
Describe any training received relevant to the position for which you are applying.		
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Use the space below to describe why you are interested in working for DATA and to list those skills which you feel particularly qualify you for a position with us. If you need more space, please continue on a separate sheet:

REFERENCES

Give three references, not relatives or former employers.

Name	Address	Phone	Occupation

AFFIDAVIT

I certify that the answers given by me to the foregoing questions and statements are true and correct without any consequential omissions of any kind whatsoever. I understand that any misleading or incorrect statements may render this application void and, if employed, would be cause for my termination. I further agree that the company shall not be liable in any respect if my employment is terminated because of falsity of statements, answers or omissions made by me in this questionnaire. I also authorize the companies, schools or persons named above to give any information regarding my employment, character and qualifications and hereby release said companies, schools or persons from all liability for any damage for issuing this information. I certify that all statements and answers to questions about my health are true and were made without reservations and agree to expressly waive all provisions of law prohibiting any physician, person, hospital or other institution from disclosing to the company any information regarding treatment rendered now and in the future. I further understand that the taking of drug tests are a condition of employment and refusal to take such tests when asked will subject me to termination. I also understand that no person is authorized to enter into any written or verbal employment contracts on behalf of the company without the express written consent of the President.

Signature _____

Date _____

FOR EMPLOYER'S USE ONLY

Interviewed by: _____ Date: _____
 Remarks: _____

Interviewed by: _____ Date: _____
 Remarks: _____

Is the operation of a company vehicle a job requirement? Y ___ N ___
 If yes, has a request for driver's record been made? Y ___ N ___

Hired? Y ___ N ___ Starting Date: _____
 Job Description: _____ Rate: _____