APPLICATION FOR EMPLOYMENT

Blair County Drug and Alcohol Program, Inc.

THIS APPLICATION IS NOT AN EMPLOYMENT CONTRACT but merely is intended to evaluate suitability for employment. It is the policy of Blair County Drug and Alcohol Program, Inc. to provide equal employment to all qualified persons without discrimination on the basis of race, color, religion, national origin or ancestry, sex, age (40 and over), disability, veteran status, or any other legally protected status under local, state, or federal law. It is also the policy of Blair County Drug and Alcohol Program, Inc. to have the option of conducting pre-employment screening before a job offer is made. If a job offer is made employment may be contingent upon the successful passage of a drug test.

PERSONAL INFORMATION

Name: Last First MI

Address: Street

City State Zip

Previous address if fewer than 7 years:

Address: City: State: Zip:

Phone Number: Email

Are you related to any current staff member of Blair County Drug and Alcohol Program, Inc.? Yes ☐ No ☐

EMPLOYMENT INFORMATION

Position Applying For: Date You can Start: / /

Are you at least 18 years of age and legally eligible for work in the United States? Yes ☐ No ☐

Have you ever been convicted of, pled guilty or no contest to a felony or other crime? Yes ☐ No ☐

(if yes, please explain) (A "Yes" answer will not necessarily disqualify you from employment)

EDUCATION

High School Attended: City and State

Do you have a diploma or GED? Yes ☐ No ☐

Trade/Vocational School Attended: Major Diploma/Degree Received Yes ☐ No ☐

College/University Attended: Major Degree Received Yes ☐ No ☐

College/University Attended: Major Degree Received Yes ☐ No ☐

Professional Licenses

EMPLOYMENT HISTORY

List employment in order beginning with the most recent. Be sure to include Volunteer experience that qualifies you for the job. Resumes or additional sheets may be added to the back of the application.

Current Employer: Dates From and To:

Address:

City: State: Zip: Phone:

Job Title : Supervisor:

Briefly describe Duties:

Reason for Leaving:

May we contact your current employer for reference: Yes ☐ No ☐

Previous Employer: Dates From and To:

Address:

City: State: Zip: Phone:

Job Title : Supervisor:

Briefly describe Duties:

Reason for Leaving:

Previous Employer: Dates From and To:

Address:

City: State: Zip: Phone:

Job Title : Supervisor:

Briefly describe Duties:

Reason for Leaving:

Volunteer Experience:

JOB RELATED SKILLS

Do you have a valid driver's license? Yes ☐ No ☐

If yes, Driver's License Number: Expiration Date:

Please use this space to list any special skills you may have that relate to the position applied for:

REFERENCES

☐ Personal
☐ Employment

Name Email address Phone Number

☐ Personal
☐ Employment

Name Email address Phone Number

☐ Personal
☐ Employment

Name Email address Phone Number

APPLICANT'S CERTIFICATION AGREEMENT

I authorize the investigation of all statements contained in this application and release from all liability any persons or employers supplying such information, and I also release Blair County Drug and Alcohol Program, Inc. from all liability that might result from making the investigation. I certify that the facts and information set forth in this application are true and complete to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of facts on this application (or any required documents) will be cause for denial of employment or immediate discipline, up to and including termination of employment, regardless of when or how discovered.

I agree, if I am offered and accept a position, to conform to all existing and future Blair County Drug and Alcohol Program, Inc. rules and regulations and I understand that Blair County Drug and Alcohol Program, Inc. reserves the right to change policies, title, job description, wages, hours and working conditions deemed as necessary. I ALSO UNDERSTAND THAT, IF HIRED, MY EMPLOYMENT WILL BE "AT-WILL," MEANING THAT EITHER PARTY CAN END THE EMPLOYMENT RELATIONSHIP AT ANY TIME AND FOR ANY OR NO REASON, AND THAT ONLY A WRITTEN AGREEMENT BETWEEN BLAIR COUNTY DRUG AND ALCOHOL PROGRAM, INC. GOVERNING BOARD AND ME, SIGNED BY ALL PARTIES, CAN ALTER THE "AT-WILL" EMPLOYMENT RELATIONSHIP. CONVERSELY, I MAY RESIGN AT ANY TIME.

I understand that any employment offer is contingent upon my providing, within three (3) working days of employment, valid proof of identity and eligibility to work in order to comply with the Immigration Reform and Control Act of 1986.

I have read and reviewed the information provided in this application and the above statements. By signing this application for employment I certify that I understand all parts of it and have answered all questions completely and fully.

It is the intention of this agency to prevent engaging the services of individuals who have a history of sexual abuse and molestation/misconduct, and to this effect, all efforts will be made to discover such histories. Signed completion of this application gives this agency permission to conduct such background checks, and the applicant is hereby notified such background checks will be made vigorously.

Signed _____ Date _____