



# Employment Application

An Equal Opportunity Employer

Effective June 2022

**To Applicant:** Thank you for your interest in employment with the Changing Lives Center. A clear understanding of your background, education and employment history will enable us to best evaluate your qualifications. No question on this application is asked for the purpose of limiting or excluding any applicant from consideration for employment on the basis of race, color, creed, sex, age, religion, ancestry, national origin, political beliefs, sexual orientation, disability or any other factor or characteristic prohibited by law.

Personal Information:		Please print and complete all sections	
Name: (Last, First, Middle) (Please Print)		Today's Date:	
Home Address: (Street Address, City, State, Zip Code)		Home Phone Number:	
		Cell Phone Number:	
Position(s) Applied For:	<u>Type of Employment desired:</u> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Other <input type="checkbox"/>		Other shift(s) desired:
	<u>Preferred Hours/Shift (check all that apply):</u> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Weekends <input type="checkbox"/>		
How long have you lived at your current Address?	Please indicate the date you'd be available to begin employment:	Email Address:	
How did you become aware of this job?	Advertisement- <input type="checkbox"/> _____ Website: <input type="checkbox"/> _____	Employee Referral <input type="checkbox"/> Recruiter <input type="checkbox"/> _____	Other <input type="checkbox"/> _____

Education		PLEASE COMPLETE ALL SECTIONS	
<u>High School or GED: (Name and Address of School)</u>			
<u>Concentration/Major:</u>	Did You Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No		# Years Completed:
<u>College or other Higher Education: (Name and Address of School)</u>			
<u>Major field of study/Degree:</u>	Did You Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No		# Years Completed:
<u>Advanced Degree or Graduate Education (Name and Address of School)</u>			
<u>Major field of study/Degree:</u>	Did You Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No		# Years Completed:

<b>Previous Employment</b>	<b>Complete all Sections, even if your resume is attached. Start with your most recent position. Indicate any gaps in employment</b>
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<b>1) Current or Last Employer</b> (name, address and phone number):	<b>Dates of employment:</b> (month/year to month/year)
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<b>Job Title:</b>	<b>Job responsibilities:</b>	<b>Reason for Leaving:</b>
<b>Your supervisor's name &amp; job title:</b>		

<b>2) Employer</b> (name, address and phone number):	<b>Dates of employment:</b> (month/year to month/year)
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<b>Job Title:</b>	<b>Job responsibilities:</b>	<b>Reason for Leaving:</b>
<b>Your supervisor's name &amp; job title:</b>		

<b>3) Employer</b> (name, address and phone number):	<b>Dates of employment:</b> (month/year to month/year)
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<b>Job Title:</b>	<b>Job responsibilities:</b>	<b>Reason for Leaving:</b>
<b>Your supervisor's name &amp; job title:</b>		

<b>4) Employer</b> (name, address and phone number):	<b>Dates of employment:</b> (month/year to month/year)
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<b>Job Title:</b>	<b>Job responsibilities:</b>	<b>Reason for Leaving:</b>
<b>Your supervisor's name &amp; job title:</b>		

**LICENSES:**

Indicate Professional Certifications or Licenses (if job related): \_\_\_\_\_

**Professional License Number.:** \_\_\_\_\_ **Licensing State:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

**Drivers License Number (if job related):** \_\_\_\_\_ **State:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

Is your driver's license currently valid?  Yes  No

1. Are you currently eligible to be legally employed in the United States of America?  Yes  No
2. Are you willing to take a job-related test or undergo a required physical examinations and/or drug tests?  Yes  No
3. Are you willing and available to work on weekends, overtime or on holidays, if the job requires it?  Yes  No
4. Are you related to any employee (s) of **CLC**? \_\_\_\_\_ Yes No  
If yes, please provide the name and job title of the person: \_\_\_\_\_
5. Have you ever been employed by **CLC** in any capacity? Yes No  
If Yes, please indicate your employment dates, job title and department: \_\_\_\_\_
6. Have you ever worked at **CLC** through an outside agency or as an independent contractor? Yes  No  
If Yes, please provide the dates, job title and department: \_\_\_\_\_
7. Have you ever been discharged or fired from any position?  Yes  No If Yes, explain: \_\_\_\_\_
8. Have you ever resigned from a position in connection with an allegation of client or patient abuse?  Yes  No  
If Yes, explain here or on a separate sheet: \_\_\_\_\_
9. Are you able to satisfactorily speak, read and/or write in any language other than English?  Yes  No.  
If yes, please indicate the language and describe your level of comprehension or fluency: \_\_\_\_\_

Are you a veteran of U.S. Military Service?  Yes  No

If yes: please indicate which branch, the dates of service and type of discharge: \_\_\_\_\_

Please indicate any other job related training, certifications or expertise: \_\_\_\_\_

Other than those listed above in "Previous Employment" section, have you ever been employed by an educational, health or human services organization?  Yes  No

If YES, indicate the organization's name, your title and dates of employment? \_\_\_\_\_

In the spaces below, please provide 2 professional references,  
in addition to the supervisors listed above, who are familiar with your work:

<b>1. Name:</b>	<b>Contact Information:</b>
<b>Address:</b>	<b>Work Relationship:</b>
<b>2. Name:</b>	<b>Contact Information:</b>
<b>Address:</b>	<b>Work Relationship:</b>

**Authorization and Release of Information**

I hereby authorize the Changing Lives Center to obtain and/or verify information and records pertaining to my past employment, education, licensure, credentials and criminal conviction records.

I also release the Changing Lives Center and all duly authorized persons, companies and corporations from any and all liability when supplying such information.

I indemnify the Changing Lives Center against any liability for negligence which might result from obtaining and using such information.

I understand that any false answer or statement or implication made by me in this application or on any other employment related documents shall be considered sufficient cause for denial of employment or discharge from employment.

Additionally, I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between the Changing Lives Center, and me for either employment or for the provision of any benefit. No promises regarding employment have been made to me and I understand that no offer of employment may be made unless authorized by the Changing Lives Center's Chief Executive Director and/or the Changing Lives Center's Director of Human Resources or their duly authorized representative.

I understand that if I become employed, it will be on an "at-will" basis which means that either I or the CHANGING LIVES CENTER have the right to terminate my employment at any time and without notice.

Print Full Name: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

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