

*Desert Angels Behavioral Health Services*



**APPLICATION FOR EMPLOYMENT**

Please print or type all information except signature.

**Non-Discrimination Policy:** Desert Angels Behavioral Health Services is committed to the principle of equal opportunity in employment. We do not discriminate on the basis of sex, race, color, creed, national origin, age, religion, sexual orientation, gender identity, gender expression, veteran status, or disability in admission to, access to, treatment in, or employment in its programs and activities.

**GENERAL INFORMATION**

Date \_\_\_\_\_

Position(s) Applied For (1) \_\_\_\_\_

(2) \_\_\_\_\_

Referral Source  Friend  Relative  Desert Angels website  Internet Search

Other \_\_\_\_\_

Name \_\_\_\_\_

Last

First

Middle

Address \_\_\_\_\_

Number

Street

City

State

Zip

Home Telephone

(\_\_\_\_) \_\_\_\_\_

E-mail address \_\_\_\_\_

Social Security number

Cell Phone (\_\_\_\_) \_\_\_\_\_

If under 18, can you provide a work permit?  Yes  No

Have you ever filed an application here before?  Yes  No If yes, give date \_\_\_\_\_

Have you ever been employed here before?  Yes  No If yes, give date \_\_\_\_\_

Are you currently employed?  Yes  No

If yes, may we contact your employer?  Yes  No

If hired, are you legally eligible for employment in the United States?  Yes  No  
(Proof of legal work status will be required upon employment)

Employment desired:  Full-Time  Part-Time  Per Diem  Temporary

When are you available to start? \_\_\_\_\_

Shifts available to work  Days  Evenings  Nights  Weekends

Can you travel locally if a job requires it?  Yes  No

EDUCATION				
TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Graduate School				
Bus. or Trade School				
Professional School				
Special Honors				

**COMPUTER SKILLS (Only for positions which require computer skills)**

Check off those computer skills with which you are proficient (any version).

PC User     
 Macintosh User     
 Windows     
 Microsoft Word  
 Microsoft Excel     
 Microsoft Publisher     
 Microsoft PowerPoint  
 Other. Please list \_\_\_\_\_

**DRIVER'S LICENSE (Only for positions which require driving)**

Do you have a driver's license?     Yes     No

Driver's license number \_\_\_\_\_ State of issue \_\_\_\_\_     Operator     Commercial (CDL)  
 Chauffeur  
Expiration date \_\_\_\_\_

**OTHER SPECIAL SKILLS**

Please list other special skills you may have, e.g., fluency in other languages, licenses, special training required for the position for which you are applying, etc.

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**WORK EXPERIENCE**

Please list your work experience beginning with your **most recent** job. If you were self-employed, give firm name. Attach additional sheets if necessary. Exclude organization names which indicate race, color, creed, national origin, age, religion, sexual orientation, gender identity, gender expression, veteran status, or disability.

<b>Most Recent Employer</b>	Dates Employed From: To: Final pay rate:	Work Performed
Address	Supervisor	
Job Title	Reason for Leaving	
<b>Employer</b>	Dates Employed From: To: Final pay rate:	Work Performed
Address	Supervisor	
Job Title	Reason for Leaving	

<b>Employer</b>	Dates Employed From: To: Final pay rate:	Work Performed
Address	Supervisor	
Job Title	Reason for Leaving	

<b>Employer</b>	Dates Employed From: To: Final pay rate:	Work Performed
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Address	Supervisor	
Job Title	Reason for Leaving	

**DESERT ANGELS RELEASE OF INFORMATION (APPLICANT WILL SIGN & DATE)**

I, \_\_\_\_\_, authorize Desert Angels Behavioral Health Services to make inquiries of my former

(Print your name)

employers regarding my past employment record, including dates of employment, salary, performance evaluation, etc., for the purposes of assessing my qualifications for employment.

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

<b>REFERENCES</b>	
Please list two references other than relatives. Prior employers preferred.	
Name _____	Name _____
Position _____	Position _____
Company _____	Company _____
Address _____	Address _____
_____	_____
Telephone (____) _____	Telephone (____) _____

**WAIVERS AND DISCLOSURES**

Please read each section carefully and sign where indicated.

**AT-WILL EMPLOYMENT**

It is my understanding that this employment application, or the granting of an oral interview, does not represent a contract of employment or a promise of future benefits by this organization. I understand and agree that, if hired, my employment will be at-will in nature and may be terminated, with or without cause, at any time, by either myself or my employer. I also understand that this written statement supersedes any and all oral representations made by agents or representatives of this organization.

**CERTIFICATION OF TRUTH AND ACCURACY**

I certify that the information in this application is true, complete and correct. I understand that false answers, statements, or significant omissions made by me on this form shall be sufficient cause for denial of employment or discharge.

**NOTIFICATION AND AUTHORIZATION TO REQUIRE A TUBERCULOSIS SCREENING**

I hereby certify that, if hired, I will disclose any limitations I have that may impact my ability to do the essential functions of the job. I further understand as a Health care employee I will be required to undergo a two-step Tuberculin skin testing by a PPD test or chest x-ray.

**NOTIFICATION AND AUTHORIZATION TO CONDUCT BACKGROUND INVESTIGATION**

I understand that I may be subject to a background check, and hereby authorize Department of Social and Health Services (DSHS), to investigate my background to determine any and all information of concern as to my record, whether same is of record or not, and I release employers and persons named in my application from all liability for any damages on account of his/her furnishing said information.

Additionally, you are hereby authorized to make any investigation of my personal history, educational background, military record, motor vehicle records and criminal records through an investigative or credit agency or bureau of your choice. I authorize the release of this information by the appropriate agencies to the investigating service. This authorization, in original or copy form, shall be valid for this and for any future reports and updates that may be required.

I understand that passing the background check is a condition of employment. A negative background check can be grounds for dismissal, even if an offer has been made to me and I have been hired.

**PLEASE SIGN HERE:** \_\_\_\_\_ **Date** \_\_\_\_\_

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The following person has been designated to handle inquiries regarding Desert Angels nondiscrimination policies:  
Owner/Administrator

**Thank you for applying to Desert Angels Behavioral Health Services**

## APPLICANT DATA RECORD

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Solely to help us comply with government record keeping, reporting, and other legal requirements, please fill out the Application Data Record. We appreciate your cooperation.

This data is for periodic government reporting and will be kept in a **Confidential File** separate from the Application for Employment.

DATE: \_\_\_\_\_

Positions(s) applied for: [REDACTED]

Referral Source  Friend  Relative  Internet Search \_\_\_\_\_  Desert Angels website  
 Other \_\_\_\_\_

(Please list website)

Name \_\_\_\_\_  
Last First Middle Maiden

Address \_\_\_\_\_  
Number Street City State Zip

Telephone (\_\_\_\_) \_\_\_\_\_

<b>Affirmative Action Survey</b>	<b>Check one</b>	<b>Check one</b>	<b>Check any that apply</b>
Government agencies require periodic reports on the sex, ethnicity, disability, and veteran status of applicants. Submission of information about a disability is voluntary. This data is for analysis and affirmative action only.	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian/ Alaskan Native <input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Disabled <input type="checkbox"/> Vietnam Era Veteran <input type="checkbox"/> Disabled Veteran

