



EMPLOYMENT APPLICATION

Applicant Information

Applicant Name: _____

Address: _____

City/State/ZIP: _____

Primary phone: _____ Alt. phone: _____

Email address: _____

Position Applying For: _____

How did you learn about us?

- Advertisement
- Employment Agency
- Relative
- Friend
- Inquiry
- Indeed, Monster, etc.

Other: _____

If you are under 18 years of age, can you provide required proof of your eligibility to work?

Yes No N/A

Have you applied to our agency previously? Yes No

If yes, when? _____ What position? _____

Have you been employed by our agency previously? Yes No

If yes, when? _____ What position? _____

Do any of your friends or relatives work here?

Yes No If yes, who? _____

Are you currently employed?

Yes No

If yes, may we contact your current employer?

Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? (*Proof of citizenship or Immigration Status will be required upon employment*).

Yes No



Salary Desired:

\$ _____ per _____

Date Available for Work

Are you available to work:

Full Time
 Part Time

Shift:

1st Shift - Morning
 2nd Shift – Afternoon
 3rd Shift – Overnight

Are you interested in per diem work?

Yes No

What days are you available?

Monday Tuesday
 Wednesday Thursday
 Friday Saturday
 Sunday

Please state any limitations: _____

**Are you currently on “layoff”
status and subject to recall?**

Yes No

Can you travel if a job requires it?

Yes No

Have you ever been convicted of any crime, including traffic violations? Yes No

If yes, please describe: _____

***THE EXISTENCE OF A CRIMINAL RECORD DOES NOT CONSTITUTE AN
AUTOMATIC BAR TO EMPLOYMENT UNLESS RELEVANT TO THE TYPE OF
EMPLOYMENT.***

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Can you perform the requirements of the job for which you are applying, either with or without a reasonable accommodation?

Yes No



EDUCATION AND TRAINING

College/University Name

Years Completed:

Address: _____

Course of Study?

Diploma/Degree:

College/University Name

Years Completed:

Address: _____

Course of Study?

Diploma/Degree:

High School Name

Years Completed:

Address: _____

Other Training (graduate, technical, vocational, etc.):

Awards, Honors, Special Achievements:



EMPLOYMENT HISTORY

List your current or most recent employment first.

1.) Employer Name: _____

Job Title: _____ Supervisor Name: _____

Address: _____ City/State/Zip: _____

Job Duties: _____

Reason for Leaving: _____

Dates of Employment (Month/Year): Start _____ End _____

2.) Employer Name: _____

Job Title: _____ Supervisor Name: _____

Address: _____ City/State/Zip: _____

Job Duties: _____

Reason for Leaving: _____

Dates of Employment (Month/Year): Start _____ End _____

3.) Employer Name: _____

Job Title: _____ Supervisor Name: _____

Address: _____ City/State/Zip: _____

Job Duties: _____

Reason for Leaving: _____

Dates of Employment (Month/Year): Start _____ End _____



REFERENCES

List any three business contacts that can objectively evaluate your experience and background.

Name: _____ Title: _____

Company: _____ Telephone: _____

Address: _____ City/State/Zip: _____

Name: _____ Title: _____

Company: _____ Telephone: _____

Address: _____ City/State/Zip: _____

Name: _____ Title: _____

Company: _____ Telephone: _____

Address: _____ City/State/Zip: _____

In order to comply with federal law, specifically the Prison Rape Elimination Act (PREA) of 2003, with regard to incarcerated persons including those clients residing in community confinement settings, it is required to make its best efforts to contact all prior institutional employers for information on substantiated allegations or any resignation during a pending investigation of an allegation of sexual abuse.

We will be asking your references the following questions:

1. Was the employee accused of engaging in sexual abuse in a prison lockup, community confinement facility, juvenile facility, or other institution?
2. Was the employee convicted of engaging or attempting to engage in sexual activity in the community, facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?
3. Was the employee civilly or administratively adjudicated to have engaged in the activity described above in question #2?



Prison Rape Elimination Act (PREA)

In order to comply with federal law, specifically the Prison Rape Elimination Act (PREA) of 2003, with regard to incarcerated persons, including those clients residing in community confinement settings, it is required that the following questions be asked by the agency and answered by each individual submitting an application for employment, volunteer work, or internship opportunity.

As an applicant for a position that may have contact with community confinement clients, your answers to the following questions must be documented:

Name: _____

Have you engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined by 42 U.S.C. 1997)?

Yes No

Have you been convicted of engaging or attempting to engage in sexual activity in the community, facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?

Yes No

Have you been civilly or administratively adjudicated to have engaged in the activity described above in question #2?

Yes No

Have you previously worked in or volunteered for a prison, jail, lockup, community treatment center, halfway house, restitution center, mental health facility, alcohol or drug rehabilitation center, juvenile facility, or other correctional facility (public or private)?

Yes No If yes, continue below:

Facility 1:

Facility Name: _____ Address: _____

Contact Person: _____ Phone number: _____

Position Held: _____ Employment/Volunteer Dates: _____

Facility 2:

Facility Name: _____ Address: _____

Contact Person: _____ Phone number: _____

Position Held: _____ Employment/Volunteer Dates: _____

Please request additional pages if you have worked/volunteered in more than two facilities.



McCall Center
for Behavioral Health
prevention • recovery • community



HELP, Inc.

CERTIFICATION

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application, or if employment commences, immediate termination.

I authorize the McCall Foundation, Inc. to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education.

If an employment relationship is created, I understand that if I am offered employment that the employment relationship will be "at-will." In other words, the relationship will be entirely voluntary in nature, and either I or my employer will be able to terminate the employment relationship at any time and without cause. With appropriate notice, I will have the full and complete discretion to end the employment relationship when I choose and for reasons of my choice. Similarly, my employer will have the right. Moreover, no agent, representative, or employee of the McCall Foundation, Inc. has the power to alter or vary the voluntary nature of the employment relationship.

I release McCall Foundation, Inc. from any legal liability that results from any investigation and waive all provisions of law forbidding disclosure of any information they acquired relative to my employment and investigations or administrative proceedings involving myself.

I HAVE READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS.

APPLICANT SIGNATURE

DATE