



# Employment Application

## Personal Information

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Alternative Phone: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 E-mail Address (Optional): \_\_\_\_\_

Available for:  Full Time  Part Time  PRN      Time of Day: \_\_\_\_\_ Start \_\_\_\_\_ End

## Education

Schools/Colleges Attended:	# Years	Year Grad	Degree
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## Employment Information

**Employer:** \_\_\_\_\_ **Job Title:** \_\_\_\_\_  
 Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Supervisor: \_\_\_\_\_ Salary History: \$ \_\_\_\_\_ (Annual Month Hourly)  
 Dates of Employment (Month/Year) From: \_\_\_\_\_ To: \_\_\_\_\_  
 Describe Duties, Responsibilities and Accomplishments: \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Job Title:** \_\_\_\_\_  
 Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Supervisor: \_\_\_\_\_ Salary History: \$ \_\_\_\_\_ (Annual Month Hourly)  
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 Describe Duties, Responsibilities and Accomplishments: \_\_\_\_\_  
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 Describe Duties, Responsibilities and Accomplishments: \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_



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## Professional References

**\*\* Please provide individual and company names, positions addresses, and phone numbers for three business references.**

**Name:** \_\_\_\_\_ **Position:** \_\_\_\_\_  
**Company:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_  
**Street Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Position:** \_\_\_\_\_  
**Company:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_  
**Street Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Position:** \_\_\_\_\_  
**Company:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_  
**Street Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_

Have you ever been convicted or charged with a felony or misdemeanor:  Yes  No  
If yes, please explain details in full, including dates, details of offenses charged, jurisdiction and disposition of case:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that the above answers are true and complete to the best of my knowledge. I authorize Achieve Therapy Solutions to investigate any statement contained in this application, contact previous supervisors and the professional references listed, and obtain a credit report on me as necessary to determine my qualifications. I understand that this application is not to be intended to be any kind of contract or agreement. In the event of employment, I understand that any false or misleading information given in my application, correspondence, discussions or interview may result in immediate termination. I understand also, that I am required to abide by all rules, regulations and policies of Achieve Therapy Solutions.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\* Applications are considered without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job related medical condition or handicap.**

# Affirmative Action: Voluntary Self Identification Form

Achieve Solutions, Inc. is an Equal Opportunity Employer. As required by law, we must record certain information to be made a part of our Affirmative Action Program.

Applicants for employment are also invited to participate in the Affirmative Action Program by reporting their status. In extending this invitation you are also advised that: a) you are under no obligation to respond; b) responses will remain confidential; and c) responses will be used only for the necessary information to include in our Affirmative Action Program.

We are a company that values diversity. We actively encourage all minorities to apply. Refusal to provide this information will have no bearing on your application and will not subject you to any adverse treatment. Please complete the information requested below. Thank you for your cooperation.

## Section 1: General Applicant Information

Name:	
Date:	Position Applied For:

## Section 2: Please check all that apply (see reverse for definitions)

### Race of Ethnic Identity

Hispanic of Latino	Black or African American
Native Hawaiian or Pacific Islander	Asian
American Indian	Caucasian/White
Two or More Races	

### U.S. Military Status

Active Military      Veteran

### Gender

Male	Female
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I do not wish to Self-Identify

Signature: \_\_\_\_\_

How did you hear of our opening?  
\_\_\_\_\_  
\_\_\_\_\_

### EEOC RACE/ETHNIC IDENTIFICATION CATEGORIES

**Hispanic or Latino:** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

**White ( Not Hispanic or Latino):** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

**Black or African American:** A person having origins in any of the black racial groups of Africa.

**Native Hawaiian or Other Pacific Islander:** A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**Asian:** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

**American Indian or Alaska Native:** A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

**Two or More Races ( Not Hispanic or Latino):** All persons who identify with more than one of the above origins.