

CETPA, INC.
Pre-Hire Application (revised 3/1/2011)

Position Information:

JOB POSTED: _____ OR

TYPE OF POSITION APPLYING FOR: _____

DATE AVAILABLE: MONTH _____ DAY _____ YEAR (XXXX) _____

POSITION DESIRED: () FULL-TIME () PART-TIME () TEMPORARY

SPECIFY ANTICIPATED PERIOD OF WORK AND / OR NUMBER OF HOURS PER DAY:

SALARY EXPECTED: \$ _____ PER () HOUR () YEAR

Employment Record:

Please note that the employment record, education and training, and references sections do not need to be completed if an attached resume provides all of the specific requested information. If there is information requested that is not in your resume, please make sure to provide that information in order to ensure your application materials will be considered.

EMPLOYMENT 1: Current? () YES () NO

YOUR LAST EMPLOYER: _____

YOUR LAST TITLE: _____

START DATE: _____ END DATE: _____

REASON FOR LEAVING: _____

SUPERVISOR: _____ MAY WE CONTACT? () YES () NO

THEIR ADDRESS: _____

PHONE: _____ ENDING SALARY \$ _____

DESCRIPTION: _____

EMPLOYMENT 2: (prior)

YOUR LAST EMPLOYER: _____

YOUR LAST TITLE: _____

START DATE: _____ END DATE: _____

REASON FOR LEAVING: _____

SUPERVISOR: _____ MAY WE CONTACT? () YES () NO

THEIR ADDRESS: _____

PHONE: _____ ENDING SALARY \$ _____

DESCRIPTION: _____

EMPLOYMENT 3: (prior)

YOUR LAST EMPLOYER: _____

YOUR LAST TITLE: _____

START DATE: _____ END DATE: _____

REASON FOR LEAVING: _____

SUPERVISOR: _____ MAY WE CONTACT? () YES () NO

THEIR ADDRESS: _____

PHONE: _____ ENDING SALARY \$ _____

DESCRIPTION: _____

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Education and Training:

HIGH SCHOOL NAME: _____

GRADUATED? () YES () NO DEGREE? _____

(OFFICE ONLY) VERIFIED? () YES () NO

COLLEGE / UNIVERSITY / TECHNICAL SCHOOL NAME: _____

GRADUATED? () YES () NO / DEGREE? _____

(OFFICE ONLY) VERIFIED? () YES () NO

COLLEGE / UNIVERSITY / TECHNICAL SCHOOL NAME: _____

GRADUATED? () YES () NO -- DEGREE? _____

(OFFICE ONLY) VERIFIED? () YES () NO

Language Skills: (Place Checkmark If Yes)

ENGLISH: READ () WRITE () SPEAK ()

SPANISH: READ () WRITE () SPEAL ()

OTHER: _____ READ () WRITE () SPEAK ()

DO YOU KNOW SIGN LANGUAGE? () YES () NO

List any professional licenses, certifications,

_____ *Type* _____ / _____ *License #* _____ / _____ *Verified?* _____

_____ / _____ / _____

_____ / _____ / _____

_____ / _____ / _____

_____ / _____ / _____

List any training; computer skills; typing or data entry skills; professional organizations membership; or honors, you consider relevant to this position:

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REFERENCES: (all references will be checked)

List three persons other than relatives or personal friends, who have knowledge of your work experience and / or your education:

1. NAME / TITLE: _____

MAILING ADDRESS: _____

PHONE: _____ (OFFICE ONLY) VERIFIED? _____

2. NAME / TITLE: _____

MAILING ADDRESS: _____

PHONE: _____ (OFFICE ONLY) VERIFIED? _____

3. NAME / TITLE: _____

MAILING ADDRESS: _____

PHONE: _____ (OFFICE ONLY) VERIFIED? _____

AUTHORIZATION: (application MUST be signed prior to submitting)

IMPORTANT: PLEASE READ CAREFULLY

I hereby authorize investigation of all statements contained in this application and on my resume (if provided.) I certify that all statements are true and understand that misrepresentation or omission of facts called for in this application for employment or on my resume is cause for termination of employment without notice. I hereby consent and give the clinic for education, treatment, and prevention of addiction ("CETPA") permission to conduct a criminal background check, a drug test, a health examination, and a tuberculosis test (employment being contingent on the satisfactory passing thereof.) And if hired, i agree to enroll in the group insurance plan and understand that i must abide by all regulations and policies of the clinic -including the authorization to the CETPA to request random drug testing throughout my employment at CETPA.

NAME OF APPLICANT

DATE

SIGNATURE OF APPLICANT