

Date:

# **Employment Application**

Applicant Information	
Name	
Address:	
City/State/Zip:	
Telephone:	Email:
Do you have a valid driver's license?:	State/License #:
If yes, when?	nseling, Inc. before?
Do you have any friends or relatives working for S	AGE Counseling, Inc.?:
If so, state the name and relationship:	
How did you hear about us/this opening?: State briefly why you would like to work for SAGE	Counseling, Inc.:
	ng any sealed or expunged convictions)? on the grounds of a conviction of a criminal offense. The nature of the offense, and relevance to the position(s) applied for may, however be considered.)
General Information about Employment De	esired
Position you are applying for?:	
If part-time, hours per week desired: Are you available to work holidays?:	Available for work on weekends?:
Days of the week you are available to work?:	
Are you available to work evenings?:	Are you available to work overtime?:
If hired, on what date could you start to work?:	
Hourly rate of pay or monthly salary desired?:	



Social Accountability Guidance & Education

### Education and Training (Include on-the-job training)

	School & Location	Course of Study	Dates Attended	Graduate (Y or N)	Degree Earned
High School			Allended	(1014)	
High School					
Community College					
Trade School					
College or University					
Seminars/Other:					
Special Skills					
	understand any foreign la	nguage?:			
If yes, which language(	s)?:				
Do you have any experience, training, qualifications, or skills which you feel make you especially suited for work in the position for which you are applying? If so, explain in detail:					
Professional Society M	emberships:				
Professional Licenses	(list States):				
Any adverse actions or	complaints?				

## **Computer Skills**

Hardware:	Dates Used:	Level of Proficiency:
Software:		
		- <u></u>
Use the space below to summarize other relevant ex	xperience, skills, and background:	



### **Employment History**

List all previous employers starting with your present or most recent position (The last 10 years is sufficient)

Name of Company:	
Name of Supervisor:	
Address:	
Telephone Number:	
-	
Position:	
Duties:	
Dates of Employment:	
Starting Rate of Pay:	Ending Rate of Pay:
Reason for Leaving:	
Reason for Leaving.	
Name of Company:	
Name of Supervisor:	
Address:	
Telephone Number:	
Position:	
Duties:	
Dates of Employment:	
Starting Rate of Pay:	Ending Rate of Pay:
Reason for Leaving:	
Name of Company:	
Name of Supervisor:	
Address:	
Telephone Number:	
Position:	
Duties:	
Dates of Employment:	
Dates of Employment: Starting Rate of Pay:	Ending Rate of Pay:



Name of Company:	
Name of Supervisor:	
Address:	
Telephone Number:	
Position:	
Duties:	
Dates of Employment:	
Starting Rate of Pay:	Ending Rate of Pay:
Reason for Leaving:	
Name of Company:	
Name of Supervisor:	
Address:	
Telephone Number:	
Position:	
Duties:	
Dates of Employment:	
Starting Rate of Pay:	Ending Rate of Pay:
Reason for Leaving:	
Name of Company:	
Name of Supervisor:	
Address:	
Telephone Number:	
Position:	
Duties:	
Dates of Employment:	
Starting Rate of Pay:	Ending Rate of Pay:
Reason for Leaving:	



# **Please read** <u>and initial each paragraph</u> below (if there is any part of this page you do not understand, please ask the Human Resources Administrator about it before signing).

I hereby authorize SAGE Counseling, Inc. to thoroughly investigate my references, work records, education and other matters related to my suitability for employment and further, authorize my current and former employers to disclose to SAGE Counseling, Inc. any and all letters, reports and other information pertaining to my employment with them, without giving me prior notice of such disclosure. In addition, I hereby release SAGE Counseling, Inc., my current and former employers and all other persons, corporations, partnerships, and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigations or disclosure.

I understand that if offered employment, the offer will be contingent on my passing the required background checks. I understand that failure to pass the background checks may result in withdrawal of the employment offer.

I understand that nothing contained in the application or conveyed to me during any interview which may be granted is intended to create an employment contact, implied or explicit, between me and the agency, SAGE Counseling, Inc. SAGE Counseling, Inc. is an at-will employer.

I understand that if offered employment, I will as a condition of employment, be required to submit proof of my identity and legal right to work in the United States on my first day of employment.

If the position applied for requires driving in the course of work, I understand that I will be required to possess and provide a copy a current and valid Arizona driver's license. I also understand that I may be required to provide a copy of my official driving record and proof of insurance. I also understand that any offer of employment is contingent on my ability to be covered by SAGE Counseling, Inc. insurance carrier, if required for my position.

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omissions or misstatement on this application or on any documents used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

My signature below certifies that I have read and understand this complete page, and agree to the terms and conditions outlined in this document.



Applicant's Signature

Date



### **Voluntary Applicant Profile Form**

It is the policy of SAGE Counseling, Inc. to assure equal employment opportunity to all qualified applicants for all positions regardless of race, color, religion, disability, gender, sexual orientation, age, or national origin.

In order to assess the many talents and skills available throughout the workforce and to comply with Federal record keeping requirements, we ask your <u>voluntary</u> cooperation in responding to the questions below. This information will be treated as confidential, and will be available only to authorized personnel. This profile will be filed separately from your application. Please review the Affirmative Action definitions below.

### Applicant's Name (Last, First, Middle Initial):

Date:		Position Applied For:		
Sex:	Male	Female		
Age:	Under 21	21-39	40-54	55-70
Veteran	Status: Veteran	Non-Veteran		
Do you o	qualify for Veteran preference under	Arizona State Law?:	Yes	No
Race:	American Indian/Alaskan Nativ	e		
	Asian/Pacific Islander			
	Black/African American			
	Caucasian/White			
	Hispanic			
	Other Race, specify:			
	Multi-Racial, specify:			

#### Affirmative Action Definitions

**American Indian or Alaskan Native:** A person with origins in any of the original peoples of North American and who maintains cultural identification through documented tribal affiliation or community recognition.

**Asian or Pacific Islander:** A person with origins in any of the original peoples of the Far East, Southeast Asia, the Indian Korea, Pakistan, the Philippine Islands, and Samoa.

Black/African-American: A person with origins in any of the Black racial groups of Africa.

**Hispanic:** A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin regardless of race. For example, persons from Brazil, Guyana, or Surinam would be classified according to their race and would not necessarily be included in the Hispanic category. This category does not include persons from Portugal, who should be classified according to race.

White/Caucasian: A person with origins in any of the original peoples of Europe, North American, or the Middle East.