

Employment Application

Date: _____

Applicant Information

Name: _____	
Address: _____	
City/State/Zip: _____	
Telephone: _____	Message #: _____
Fax: _____	Email: _____
Do you have a valid driver's license?*: <input type="checkbox"/> Yes <input type="checkbox"/> No State/License #: _____	
Have you ever applied to or worked for SAGE Counseling, Inc. before? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, when? _____	
Do you have any friends or relatives working for SAGE Counseling, Inc.?: <input type="checkbox"/> Yes <input type="checkbox"/> No	
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.:	
Have you ever been convicted of a felony (excluding any sealed or expunged convictions)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>(Note: No applicant will be denied employment solely on the grounds of a conviction of a criminal offense. The nature of the offense, date of the offense, the surrounding circumstances, and relevance to the position(s) applied for may, however be considered.)</i>	
If yes, explain:	

General Information about Employment Desired

Position you are applying for?: _____	
If part-time, hours per week desired: _____	Available for work on weekends?: <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you available to work holidays?: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Days of the week you are available to work?: _____	
Are you available to work evenings?: <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you available to work overtime?: <input type="checkbox"/> Yes <input type="checkbox"/> No
If hired, on what date could you start to work?: _____	
Hourly rate of pay or monthly salary desired?: _____	

* If required for the position you are seeking

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

	School & Location	Course of Study	Dates Attended	Graduate (Y or N)	Degree Earned
High School	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
Community College	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
Trade School	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
College or University	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
Seminars/Other:					

Special Skills

Do you speak, write, or understand any foreign language?: Yes No

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 Memberships: _____

Professional Licenses (list States): _____

Any adverse actions or complaints?

Computer Skills

Hardware:	Dates Used:	Level of Proficiency:
_____	_____	_____
_____	_____	_____
Software:		
_____	_____	_____
_____	_____	_____
Use the space below to summarize other relevant experience, skills, and background:		

Employment History

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

Current

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

Please read and initial each paragraph 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. If another employer should request similar information about me from SAGE Counseling, Inc., I authorize SAGE Counseling, Inc. to release all information as listed above about my employment with the agency. 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 disclosures.

_____ 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 *voluntary* 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 qualify for Veteran preference under Arizona State Law?: Yes No

- Race:** American Indian/Alaskan Native
- 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.