



APPLICATION FOR

EMPLOYMENT
 INTERNSHIP
 VOLUNTEER

PERSONAL

Last Name	First	Middle	Date
Street Address			Home Phone
City, State, Zip			Business Phone
Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate month/year and location:			Social Security Number
Position Desired			Pay Expected
Apart from absence for religious observance, are you available for full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what hours can you work?			Will you work overtime, if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No
Can you travel if a job requires it? <input type="checkbox"/> Yes <input type="checkbox"/> No			When will you be available to begin work?
Are you legally eligible for employment in the United States of America? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you a citizen of the United States of America? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If not, do you possess an Alien Registration Card? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is your Alien Registration Number?			
Do any of your friends or relatives, other than your spouse, work here? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list name(s):			
<p><i>NOTE: You do not need to disclose any erased arrest, charge or conviction. You do not need to disclose any arrest, charge or conviction which is subject to erasure. If criminal record(s) have been erased or you are deemed to have never been arrested, you may make this statement under oath.</i></p>			
Have you been convicted of a crime in the past ten (10) years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe in full.			
Other special training or skill (languages, machine operation, etc.)			
How did you learn of MCCA?			

E D U C A T I O N

SCHOOL	NAME AND LOCATION OF SCHOOL	COURSE OF STUDY/MAJOR	DATES OF ATTENDANCE	DID YOU GRADUATE	DEGREE OR DIPLOMA
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
High				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Elementary				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other				<input type="checkbox"/> Yes <input type="checkbox"/> No	

M I L I T A R Y

<i>COMPLETE THIS SECTION IF YOU SERVED IN THE U.S. ARMED FORCES</i>	Branch of service:
Describe your duties and any special training:	Period of active duty (month/year)
	From _____ To _____
	Rank at discharge

DO NOT ANSWER ANY QUESTION IN THIS SECTION UNLESS THE BOX IS CHECKED

If the employer has checked the box next to the question, the information requested is needed for a legally permissible reason, including, without limitation, national security considerations, a legitimate occupational qualification or business necessity. The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex or national origin. Federal law also prohibits discrimination on the basis of age with respect to certain individuals. The laws of most states also prohibit some or all of the above types of discrimination as well as some additional types such as discrimination based upon ancestry, marital status or physical or mental handicap or disability.

<input type="checkbox"/>	Marital status: <input type="checkbox"/> Single <input type="checkbox"/> Engaged <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	Height: Sex: <input type="checkbox"/> Male	Weight: <input type="checkbox"/> Female
<input type="checkbox"/>	What was your previous address:	How long at present address: _____ years	How long at previous address: _____ years
<input type="checkbox"/>	Have you ever been bonded? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, with what employer(s)?		
<input type="checkbox"/>	Have you received Workmen's Compensation or Disability Income payments? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe.		
<input type="checkbox"/>	Do you have physical defects which preclude you from performing certain jobs? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe.		

A G R E E M E N T

I, _____, (*print name legibly*) understand that the employer follows an “employment at will” policy, in that I or the employer may terminate my employment at any time or for any reason consistent with applicable state or federal law. I understand that this application is not a contract of employment. I understand that to be employed, I must be lawfully authorized to work in the United States of America, and I must show the employer documents that will prove this.

I understand that MCCA will investigate my work and personal history and verify all data given on this application, on related papers and in interviews. I authorize all individuals, schools and firms named therein, except my current employer if so noted, to provide any information requested about me, and I release them from all liability for damage in providing this information.

I certify that all the statements herein are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment.

YOUR SIGNATURE: _____



We are an equal opportunity employer.

MISSION STATEMENT

To provide HELP and instill HOPE
for individuals, families and organizations
working to overcome and prevent addictions.

PLEASE READ CAREFULLY
APPLICANT AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION

In consideration for employment or promotion within MCCA, on our behalf, Employers Reference Source will make inquiries, including but not necessarily limited to, your education, professional licensing, criminal history, driving history pertinent to your qualifications for employment, including reasons for termination from your past employment. In compliance with the Americans With Disabilities Act, only after a contingent offer of employment is offered, may your workers' compensation history be investigated for the purpose of making certain that you are not hired for a position or assigned to a job function that could aggravate a previous injury.

Please complete and sign the form which follows, authorizing, without reservation, any party, including but not limited to, employers, law enforcement agencies, state agencies, institutions and private information bureaus or repositories, contacted by Employers Reference Source to furnish any or all of the above listed information. Your authorization releases Employers Reference Source from any and all liability for damages arising from the investigation and disclosure of the requested information. Further, it releases and discharges all liability from all companies, agencies, officials, officers, employees and other persons, who, in good faith, provide to Employers Reference Source the above mentioned information as requested, in order to successfully complete a background investigation.

Your signature allows a photocopy or fax copy of this authorization to be as valid as the original.

Print Full Name: _____

Have you used any other name? Y N

If yes, what name(s) did you use? _____

Social Security #: _____ Date of Birth: _____

Driver's License #: _____ State Issued: _____

College: _____

Name Used: _____

Month and Year of Graduation: _____

Degree Awarded: _____ Course of Study: _____

Applicant Signature: _____ Date: _____

* Date of birth is being requested only for purposes of identification in obtaining accurate retrieval of records. It will not be used for discriminatory purposes.

