

APPLICANT TRACKING FORM

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM

It is unlawful employment practice for an employer to fail or refuse to hire any individual or otherwise discriminate against any individual because of that individual's race, color, religion, sex, or national origin.

This employer is subject to certain nondiscrimination and affirmative action recordkeeping and reporting requirements which require the employer to invite applicants to voluntarily self-identify the information requested below. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable federal laws and regulations, including those which require the information to be summarized and reported to the Federal Government for civil rights enforcement purposes.

If you choose not to self-identify the requested information at this time, the federal government requires this employer to determine this information by visual survey and/or other available information.

Date: _____ **Position Applied For:** _____

Referral Source:

Signs out front _____
Employee Referral _____
Advertisement (Please Specify) _____
Internet _____
Other (Please Specify) _____

Ethnicity: (Choose one)

Black/African American _____
Asian _____
American Indian or Alaska Native _____
White/Caucasian _____
Hispanic or Latino _____
Pacific Islander _____
Other _____

National Origin:

USA _____
Other _____

Veteran Status:

Vietnam Veteran _____
Disabled Veteran _____

Age:

18 – 40 _____
40+ _____

Sex:

Male: _____
Female: _____

TO THE APPLICANT

Thank you for your interest in obtaining a position at Mountains Shadows Support Group. Mountain Shadows is seeking dependable, responsible individuals to provide quality services to our residents. This is a Drug Free Workplace and all new employees are tested for illegal substances on their first day of employment. Fingerprints will also be taken during your first week of employment and submitted to the Department of Justice for a criminal background investigation.

Please answer the question below and complete the attached employment application. Be sure to provide all requested information on the application, including **accurate addresses and telephone numbers** of past employers. **Incomplete applications will not be considered.**

Why have you chosen to apply with Mountain Shadows Support Group?



Education/Specialized Training

Indicate number of years of formal education: 8 9 10 11 12 13 14 15 16+

	School Name	Address	Course of Study	Degree/Diploma
High School				
College				
Other				

Employment History *(Start with your present or last job)*

Employer: _____ Phone _____

Address: _____ Supervisor _____

Employment Dates: From ___/___ TO ___/___ Job Title: _____

Wage: Starting: _____ Ending: _____ Reason for Leaving: _____

Employer: _____ Phone _____

Address: _____ Supervisor _____

Employment Dates: From ___/___ TO ___/___ Job Title: _____

Wage: Starting: _____ Ending: _____ Reason for Leaving: _____

Employer: _____ Phone _____

Address: _____ Supervisor _____

Employment Dates: From ___/___ TO ___/___ Job Title: _____

Wage: Starting: _____ Ending: _____ Reason for Leaving: _____

May we contact all listed supervisors? Yes No If no, explain:

Please explain all periods of unemployment during last three years:

References

Please list below three persons you have known at least one year.

Do not list relatives or former employers.

Name	Telephone	Occupation
	() -	
	() -	
	() -	

Security

Have you been convicted of a crime other than a minor traffic violation? Yes No

If yes, please briefly describe the circumstances of your conviction, indicating the date, nature and place of this offense and the disposition of the case. A felony conviction record will not bar you from employment since this will be looked upon as only one of the factors considered in the employment decision and is evaluated in the terms of the nature, severity and date of the offense.

Have you ever been convicted on charges of possession, sale, transport, cultivation or selling to a minor of a controlled substance or forging or altering a prescription? Yes No

If yes, please describe:

Have you ever been arrested on sex offense charges such as rape, assault with intent to rape, child molestation, or enticement or abduction of a minor for immoral purposes? Yes No

If yes, please describe:

Conditional Offer of Employment

Compliance with the facility's Substance Abuse Policy is a condition of employment. Mountain Shadows Support Group requires that every newly hired employee be free of alcohol or drug abuse. Each offer of employment is contingent upon successfully completing a urinalysis test/screen for alcohol and drugs in accordance with facility policy. Mountain Shadows Support Group will not hire any applicant who fails to pass the pre-employment drug test. Continued employment is also contingent upon compliance with the facility's Alcohol and Drug Abuse Policy.

I have read and understand these conditions of employment: _____
Signature _____ Date _____

This facility does not discriminate against anyone on the basis of race, age, creed, sex, sexual orientation, religion, color, national origin, disability, veteran, or citizenship status.

During our initial or subsequent processing of your application for employment, a reference inquiry may be made which will provide applicable information concerning character, general reputation and personal characteristics. We may also verify such data as dates of employment, past or present salary and reasons for leaving previous employers. Omissions or misstatements of material facts may be considered cause for dismissal.

I CERTIFY THAT THE ANSWERS GIVEN BY ME TO THE FOREGOING QUESTIONS AND STATEMENTS ARE TRUE AND CORRECT WITHOUT CONSEQUENTIAL OMISSIONS OF ANY KIND WHATSOEVER. I AGREE THAT THE FACILITY SHALL NOT BE LIABLE IN ANY RESPECT IF MY EMPLOYMENT IS TERMINATED BECAUSE OF FALSITY OF STATEMENTS, ANSWERS OR OMISSIONS MADE BY ME ON THE APPLICATION. I ALSO UNDERSTAND AND AGREE THAT UNLESS OTHERWISE DEFINED BY APPLICABLE LAW, ANY EMPLOYMENT RELATIONSHIP WITH THIS ORGANIZATION IS OF AN "AT WILL" NATURE, WHICH MEANS THAT THE EMPLOYEE MAY RESIGN AT ANY TIME AND THE EMPLOYER MAY DISCHARGE THE EMPLOYEE AT ANY TIME WITH OR WITHOUT CAUSE. IT IS FURTHER UNDERSTOOD THAT THIS "AT WILL" EMPLOYMENT RELATIONSHIP MAY NOT BE CHANGED BY ANY WRITTEN DOCUMENT OR BY CONDUCT UNLESS SUCH CHANGE IS SPECIFICALLY ACKNOWLEDGED IN WRITING BY AN AUTHORIZED EXECUTIVE OF THIS ORGANIZATION.

I authorize the release of any information regarding my employment or scholastic records.

SIGNATURE: _____ **Date:** _____