

BACODA

Bay Area Council on Drugs & Alcohol

Employment Application

Applicant Information

BACODA is an equal opportunity employer and does not discriminate in hiring based on federally-protected classifications (i.e. race, color, national origin, ancestry, religion, sex, disability, veteran status, age or genetic information).

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #
City State ZIP Code

Phone: (___) ___ - _____ E-mail Address: _____

Date Available: ___ - ___ Social Security No.: - ___ - _____ Desired Salary: \$ _____

Position Applied for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO
Have you ever worked for this company? YES NO If yes, when? _____
Have you ever been convicted of a felony? YES NO If yes, explain: _____
Are you a veteran? YES NO

Licensure

	Number		Expiration Date	
LCDC				
LPC				
LMSW				
Other				
Other				

Education

	Name Location	Course of Study	No. of Years Completed	Did you graduate?	Degree or Diploma
Graduate				Yes <input type="checkbox"/> No <input type="checkbox"/>	
College				Yes <input type="checkbox"/> No <input type="checkbox"/>	
Business Trade				Yes <input type="checkbox"/> No <input type="checkbox"/>	
High School				Yes <input type="checkbox"/> No <input type="checkbox"/>	

Other special training or skills you would like us to be aware of such as languages, etc.?

Employment History

Company Name: _____ Employment Dates: _____

Phone: (____) ____ - ____

Address: _____
Street Address *Apartment/Unit #*

City _____ *State* _____ *Zip Code* _____

Name of Supervisor: _____ Job Title: _____

Reason for Leaving: _____

Brief Job Description: _____

Company Name: _____ Employment Dates: _____

Phone: (____) ____ - ____

Address: _____
Street Address *Apartment/Unit #*

City _____ *State* _____ *Zip Code* _____

Name of Supervisor: _____ Job Title: _____

Reason for Leaving: _____

Brief Job Description: _____

Company Name: _____ Employment Dates: _____

Phone: (____) ____ - ____

Address: _____
Street Address *Apartment/Unit #*

City _____ *State* _____ *Zip Code* _____

Name of Supervisor: _____ Job Title: _____

Reason for Leaving: _____

Brief Job Description: _____

"At-Will" This application is not intended to and does not create a contract or offer of employment. If hired, employment with BACODA will be on an at-will basis and could be terminated at the will of either part.

Authorization: I authorize Bay Area Council on Drugs & Alcohol, Inc. to obtain information about me from my previous employers, licensure boards, and schools. I authorize my previous employers, licensure boards, and schools that I have attended to disclose to Bay Area Council on Drugs & Alcohol, Inc. such information about my as Bay Area Council on Drugs & Alcohol, Inc. may request.

Initials

References

Please list the names, addresses, and telephone numbers of two people to whom you are not related and by whom you have not been employed who will provide a reference for you.

Name: _____

Home Phone: (___) ___ _____

Work Phone: (___) ___ _____

Address: _____
Street Address

_____ *Apartment/Unit #*

City _____

State _____

Zip Code _____

Comments: _____

Name: _____

Home Phone: (___) ___ _____

Work Phone: (___) ___ _____

Address: _____
Street Address

_____ *Apartment/Unit #*

City _____

State _____

Zip Code _____

Comments: _____

How were you referred to BACODA? _____

Summarize any special skills or qualifications that you feel would make you a good candidate for the position in which you are applying.

Verification of Application

Accuracy: I verify that the statements I have made in this application are true, correct, and complete. I understand that if I am hired, any false or incomplete statements in this application will be grounds for immediate discharge.

Initials

I understand that acceptance of an offer of employment at BACODA is not a contract.

Initials

Signature of Applicant: _____

Date: _____

BACODA Use Only
To be filled out by the Human Resources Department

Employer			
Contact Date			
Name of Contact			
Dates of Employment			
Positions Held			
Eligible for Rehire	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Incidents of Sexual Misconduct	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Other Comments			

Please initial each checking process below as completed in order to show who completed the check.

Licensure Check

Initials	Licensure Type	Number	Expiration Date
	LCDC		
	LPC		
	LMSW		
	Other		
	Other		

UA taken: Yes No

UA completed: Yes No

Criminal Background Check completed: Yes No