



Klamath Alcohol & Drug Abuse Inc.

Employment Application

Human Resource Use Only

Instructions:

Please complete the entire application. Please print clearly. Be sure to sign and date the application. Attach copies of Diploma's, Transcripts and Certifications. No Originals, Please.

How did you hear of this position?

- | | |
|---|--|
| <input type="checkbox"/> Employee Referral (Name of Employee) _____ | <input type="checkbox"/> Newspaper _____ |
| <input type="checkbox"/> Internet | <input type="checkbox"/> Job Line |
| <input type="checkbox"/> Employment Department | <input type="checkbox"/> Other (specify) _____ |

Position Applied for: _____

1. Personal Information:

Name: _____ Social Security Number: _____
Last First M.I.

Residence: _____
Street City State/Zip Code

Mailing: _____
(If Different) Street/P.O. Box City State/Zip Code

Telephone Number: _____ Message Number: _____

E-mail Address: _____ Are you an enrolled Tribal Member? Yes No

If Yes, what Tribe: _____ Enrollment Number: _____ (Attach documentation for Indian Preference)

2. Education:— For Education, Licensure, or Certification credit—Transcripts/Diplomas, License, or Certification must be provided:

Name and Address	Years Attended	Date Graduated	Degree/ Dip lo ma
High School/ GED			Yes <input type="checkbox"/> No <input type="checkbox"/>
College:			Yes <input type="checkbox"/> No <input type="checkbox"/>
Other:			Yes <input type="checkbox"/> No <input type="checkbox"/>

Indicate Degrees, Licenses or Certifications: _____

Clerical Skills: Typing Speed: _____ (Attach documentation) Other: _____
 Computer Software Experience: _____

3. Do you want Full time or Part time work? <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time # of Hours _____	4. Would you accept a temporary position? <input type="checkbox"/> Yes <input type="checkbox"/> No
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5. Are you legally eligible to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	6. If required, do you have use of personal vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No	7a. Have you ever been employed by KADA? <input type="checkbox"/> Yes <input type="checkbox"/> No
7b. If yes, under what name(s):		
8a. Are you related to anyone currently employed in the department or office for which you have applied? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>(This response only considered for placement purposes. KADA will not place relatives in positions, which create subordinate/supervisory relationships)</small>		
8b. If yes, please list their name(s), position(s), and relationship. (Please attach additional pages if necessary)		
9a. Have you ever been convicted, plead guilty or no contest, or forfeited bond or bail for any crime other than a traffic violation? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>(Conviction will not necessarily disqualify an applicant from employment)</small>		
9b. If yes, please explain: <small>(What/Where/When. Please attach additional pages if necessary)</small>		

10. <u>Employment History</u> —Begin with your most recent employer. A resume will not substitute. Please attach additional copies of this page if necessary.		
Name of Employer:	Years/Months of Service: _____	
Address, City, State and Zip:	Hours Per Week: _____	
Supervisor's Name and Telephone Number:	From: _____ To: _____ <small>Month/Year Month/Year</small>	
Your Title:	Salary/Wage:	Reason for Leaving:
Duties: _____ _____ _____ _____		
Name of Employer:	Years/Months of Service: _____	
Address, City, State and Zip:	Hours Per Week: _____	
Supervisor's Name and Telephone Number:	From: _____ To: _____ <small>Month/Year Month/Year</small>	
Your Title:	Salary/Wage:	Reason for Leaving:
Duties: _____ _____ _____ _____		

10. Employment History Continued:

Name of Employer:		Years/Months of Service: _____
Address, City, State and Zip:		Hours Per Week: _____
		From: _____ To: _____ Month/Year Month/Year
Supervisor's Name and Telephone Number:	May we contact this Employer: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Your Title:	Salary/Wage:	Reason for Leaving:
Duties: _____ _____ _____		

Name of Employer:		Years/Months of Service: _____
Address, City, State and Zip:		Hours Per Week: _____
		From: _____ To: _____ Month/Year Month/Year
Supervisor's Name and Telephone Number:	May we contact this Employer: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Your Title:	Salary/Wage:	Reason for Leaving:
Duties: _____ _____ _____		

Name of Employer:		Years/Months of Service: _____
Address, City, State and Zip:		Hours Per Week: _____
		From: _____ To: _____ Month/Year Month/Year
Supervisor's Name and Telephone Number:	May we contact this Employer: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Your Title:	Salary/Wage:	Reason for Leaving:
Duties: _____ _____ _____		

11. Special Skills and Qualifications: Summarize special job related skills, qualifications, and certificates acquired from employment, education, or other experience.

12. References: Give the names, addresses, and telephone numbers of four (4) **Non-work** related references who are **NOT** related to you.

Name	Address, City, State & Zip	Telephone Number	Nature of Association

13. Application Statement:

I certify that to the best of my knowledge, all of my statements are true, correct, and complete and made in good faith. I further understand that this application is not and is not intended to be a contract of employment nor does this application obligate the employer in any way if the employer decides to employ me.

My current and previous employers, education institutions and other references listed on this application are authorized to give Klamath Alcohol and Drug Abuse (KADA) any and all information concerning my previous employment, education and any pertinent information they may have. I release KADA and employees and my previous and current employers and employees from any and all liability and from any damage that may result from the release of such information. I agree to execute any additional forms requested by KADA or my former employers.

I understand that any oral or written statement that is false, fraudulent or misleading that is contained in this application or attached materials, or made in the course of any related employment process, whether made by me or by others at my request, will result in rejection of my application, denial of employment, or dismissal from service if discovered after employment.

- I certify that all statements contained herein are true and complete whether made by others or me at my request.
- I understand that I must prove that I am authorized to work in the United States if I am hired.
- I authorize the employing agency to verify the employment and education information provided on this employment application.
- I authorize my driving record to be checked if the position I am applying for requires driving.
- I authorize my Licensures/Certifications to be checked if the position I am applying for requires Licensures or Certifications.
- I understand and agree to be subjected to a pre-employment alcohol/drug screening as required by policy.
- I understand and agree to submit to a criminal records background check if applicable.
- I understand that completing this application does not guarantee employment.
- I understand that to be considered for Indian Preference I must provide proof of enrollment in a Federally Recognized Indian Tribe.
- If hired, I agree to conform to all the rules, regulations and policies of KADA.

Signature of Applicant

Today's Date