

APPLICATION FOR EMPLOYMENT

PLEASE PRINT ALL
 INFORMATION REQUESTED
 EXCEPT SIGNATURE

**APPLICANTS WILL COMPLETE PRE-
 EMPLOYMENT TESTING FOR
 ILLEGAL SUBSTANCES**

EQUAL OPPORTUNITY
 EMPLOYER

PLEASE COMPLETE PAGES 1-3 DATE _____

NAME _____
LAST FIRST MIDDLE

PRESENT ADDRESS _____
NUMBER STREET CITY STATE ZIP

HOW LONG AT THIS ADDRESS _____

TELEPHONE _____ CELL _____

MUST COMPLETE A SEPARATE APPLICATION FOR EACH POSITION AND JOB CODE

Position applied for _____	Indicate days & hours available to work
Job Code _____	No Pref _____ Thurs _____
Salary desired _____	Mon _____ Fri _____
	Tues _____ Sat _____
	Wed _____ Sun _____

Employment desired _____ Full-Time _____ Part-Time _____ PRN-Called as needed

Are there other commitments that would prevent you from working a standard schedule? _____ No _____ Yes

If yes, please explain. _____

When can you start? _____

If exempt/salary paid basis, are you able to work the number of hours necessary for you to complete the job duties? _____ No _____ Yes

1) Are you legally eligible for employment in the U.S. without sponsorship of the agency? _____ No _____ Yes

2) Is there any reason you would be unable to perform the job for which you are applying with or without reasonable accommodations? _____ No _____ Yes

3) Due to an effort to protect private health information, have you ever received treatment from Counseling & Recovery Services? _____ No _____ Yes

EMPLOYMENT HISTORY

Employer	Name of Supervisor	Employment Dates	Pay or Salary
		From To	Start Final
Address	Phone Number	Job Title	
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			
May we contact above employer? _____ Yes _____ No			

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		From To	Start Final
Address	Phone Number	Job Title	
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			
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May we contact above employer? _____ Yes _____ No			

Professional References

Please list 3 references that have direct knowledge of applicants work related experience.			
Name	Occupation & Relationship	Address or Email	Contact Number
Name	Occupation & Relationship	Address or Email	Contact Number
Name	Occupation & Relationship	Address or Email	Contact Number

EDUCATION

Name & Address of School		Graduated with Degree/Diploma
High School or G.E.D.		_____ No _____ Yes
College		_____ No _____ Yes
College or other school		_____ No _____ Yes
Name used while in school:		

The Seven Sanctuary Commitments listed below represent the guiding principles for implementation of the Sanctuary Model- the basic structural elements of the Sanctuary "operating system" - and each support trauma-related goals for clients and for staff.

NONVIOLENCE- being safe outside, inside, with others and to do the right thing (physical, emotional, social, and moral safety)

EMOTIONAL INTELLIGENCE- managing feelings so we don't hurt ourselves or others

SOCIAL LEARNING- respecting and sharing ideas and learning from each other

OPEN COMMUNICATION- saying what we mean and not being mean when we say it

DEMOCRACY- everyone has a voice in decision making with input from all levels

SOCIAL RESPONSIBILITY- building a community in which people feel a sense of responsibility and care for each other

GROWTH & CHANGE- creating hope for our clients and ourselves

It is understood and agreed that any misrepresentation by me in this application will be sufficient cause for applicant to be withdrawn from further consideration.

Furthermore, I understand that just as I am free to resign at any time, Counseling & Recovery Services of Oklahoma is in at will employer and reserves the right to terminate my employment at any time, with or without cause, and without prior notice. I understand that no representative of Counseling & Recovery Services of Oklahoma has the authority to make any assurances to the contrary. I also understand that bona fide offers are presented only by Human Resources ,the Executive Director or designee.

I give Counseling & Recovery Services of Oklahoma the right to investigate all references and to secure additional information about me, including the release of criminal history records. I hereby release from liability Counseling & Recovery Services of Oklahoma and its representatives for seeking such information and all other persons, corporations, or organizations for furnishing such information.

Counseling & Recovery Services of Oklahoma does not discriminate in employment decisions, and no question on this application is used for the purpose of limiting or excluding any applicant's consideration for employment on a basis prohibited by local, state or federal law.

This application will remain active until the job code selected is closed. After which, if applicant still wishes to be considered for employment, a new application for any posted positions for which the applicant is qualified will need to be completed.

Signature of Applicant

Date

Please print name here

Applicant email address