

## APPLICATION FOR EMPLOYMENT

PLEASE PRINT LEGIBLY

EQUAL OPPORTUNITY  
EMPLOYER

PLEASE COMPLETE PAGES 1-3

DATE \_\_\_\_\_

NAME \_\_\_\_\_  
LAST FIRST MIDDLE NAME

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) Employers References s will be contacted. May we contact your current employer? \_\_\_\_\_ 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.

<b>Employer</b>	<b>Name of Supervisor</b>	<b>Employment Dates</b>	<b>Pay or Salary</b>
		From To	Start Final
<b>Address</b>	<b>Phone Number</b>	<b>Job Title</b>	
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<b>Address</b>	<b>Phone Number</b>	<b>Job Title</b>	
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.			

### Professional References

Please list three references. Two supervisors and one co-worker with knowledge of work related experience.

Name	Company & Job Title	Address or Email	Contact Number

### EDUCATION

	<b>Degree type</b>	<b>Graduated</b>
High School or G.E.D.		____ No ____ Yes
College		____ No ____ Yes
College or other school		____ No ____ Yes
<b>Name used while in school:</b>		

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 an 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. Drug testing is required at time of hire

**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**