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Employee Job Application \* Date received

Full Name

Address

City

State

Zip

Phone Email

Date available Desired Salary

Position applying for:

**Are you a US Citizen?** If no, are you authorized to work in the US?

Have you ever worked for this company? If yes, when?

Have you ever worked for another DDID Agency? If yes, what company and when?

**Have you ever been convicted of a felony?** \_ If yes, explain

**High School attended** Dates of attendance

Did you graduate? When did you receive your diploma/GED?

**College attended** Dates of attendance

Did you graduate? When did you received your diploma?

What is your Major?

Special Certifications?

# Name of Professional Reference #1:

Relationship of Reference Company

Phone number Address

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# Name of Professional Reference #2:

Relationship of Reference Company

Phone number Address

# Name of Professional Reference #3:

Relationship of Reference Company

Phone number Address

**Previous Employer** Phone Number

Address Supervisors Name

Job Title Starting Salary Ending Salary

Responsibilities

Dates of Employment Reason for leaving

May we contact your previous employer for a reference?

**Have you ever been terminated from a position**? If yes, explain

**Where you in the US Military?** If yes, what branch?

Dates of service Rank at discharge?

Type of discharge If other than honorable, please explain

# I certify that my answers are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give IMPACT Behavioral Health Services permission to contact schools, previous employers, (unless otherwise indicated) references, and others, and hereby release IMPACT Behavioral Health Services from any liability as a result of such contract. My signature/electronic signature is below:

Name of applicant Date