



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 \_\_\_\_\_

**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