

COLL COMMUNITY SERVICES LLC

Behavioral Health Residential Facility
4545 N 67th Ave Unit #1109 Phoenix, AZ 85033
Tel: 954-544-9065
Email: cayeah@collcomserv.org

EMPLOYEE APPLICATION

Facility is An Equal
Opportunity Employer and a drug-free workplace.

* * * * * Please print neatly and clearly * * * * *

PERSONAL INFORMATION

Name (Last, First, Middle):		Today's Date:	
Home Address:		Apt. #:	
City:		Zip Code:	
Cell Phone / Message Phone:		Email:	
Social Security Number:		Are you 18 y/o or older? <input type="checkbox"/> No <input type="checkbox"/> Yes	
How did you hear about facility?		Date Available to start work: _____	
Desired Salary/Hourly Rate you are seeking? \$ _____			
Are you employed now? <input type="checkbox"/> No <input type="checkbox"/> Yes If hired, will you be resigning from current job? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Types of Residents you prefer to work with? <input type="checkbox"/> Behavioral Health <input type="checkbox"/> Personal Care <input type="checkbox"/> Independent			

Position Applying For: ☐ BHT - Behavioral Health Tech ☐ BHPP – BH Para Professional ☐ House Manager
☐ Caregiver ☐ BHT - Behavioral Health Tech ☐ Administrator ☐ Other: _____

Education:

☐ High School Diploma / GED ☐ Caregiver Certificate ☐ Prevention/Support Certificate ☐ Some College
☐ LPN / RN ☐ College Degree ☐ Other: _____

Credentials:

Please check all certifications or license that is current:

☐ Certificate in Prevention and Support
☐ Caregiver certificate ☐ CPR ☐ First Aid ☐ Fingerprint Clearance ☐ Food Handlers
☐ C.N.A in good standing with AZBN ☐ Other: _____

Availability

Day(s) of the week preferred (circle):

M T W T F S S

Shift Preferred: ☐ Days ☐ Evenings ☐ Nights

How many hrs./week or month can you commit? _____ Available weekends? ☐ No ☐ Yes

Available Holidays? ☐ No ☐ Yes

Available for 12-hour shifts? ☐ No ☐ Yes

Prefer: ☐ Full time ☐ Part time ☐ PRN (on call, as needed)

If hired, will you be able to provide proof of eligibility and identity to work in the United States? ☐ No ☐ Yes

Are you physically able to perform the job you have applied for? ☐ No ☐ Yes

Have you ever been convicted, plead guilty; plead no contest, on probation for a felony? ☐ No ☐ Yes

Were you ever in the U.S. Armed Forces? ☐ No ☐ Yes = Branch _____? Dates of Duty _____

Do you have a current valid driver license? ☐ No ☐ Yes

Any moving violations, or suspension/revoke past 3 years ☐ No ☐ Yes

Employment Record:(please list most current position first)

Present and Former Employers

Dates Employed

Salary Range

Position & Duties:

Name:

Address:

City/St. Zip:

Supervisor:

Phone#:

Reason for Leaving

From:

To:

Starting:

Ending

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Name:	From: To:	Starting: Ending	
Address:			
City/St. Zip:			
Supervisor:			
Phone#:			
Reason for Leaving			

Personal References

*Please: List at least two personal and 2 professional (work) references of those not related to you:
We Must have contact info*

Name	Years have Known?	Address	Phone Numbers:
1.			Home:
Office use Only-Verified by:	Date verified:		Cell:
Findings:			Business:
2.			Home:
Office use Only-Verified by:	Date verified:		Cell:
Findings:			Business:

Professional References

Name	Years have Known?	Address	Phone Numbers:
1.			Home:
Office use Only-Verified by:	Date verified:		Cell:
Findings:			Business:
2.			Home:
Office use Only-Verified by:	Date verified:		Cell:
Findings:			Business:

Applicant's Signature:

Date:

Administrator's Review: References verified ☐ Meets Requirements ☐ Qualified Candidate ☐ Yes ☐ No

START DATE: _____

TERMINATION DATE: _____