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| **Employment Application**  iCan! Think Positive is an Equal Opportunity Employer.  iCan! Think Positive provides equal opportunity to all employees and applicants for employment without regard to race, color, creed, religion, gender, sexual orientation, national origin, age, disability, marital status or status as covered veterans in accordance with applicable federal, state, and local laws.  Instructions: Each question should be answered fully, accurately, and neatly. | |

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| **APPLICANT INFORMATION** | | | | | | | | | | | | | | | | | | | | | |
| **PROFESSIONAL LICENSE AND OR CERTIFICATE: STATE LICENSED BY:** | | | | | | | | | | | | | | | | | | | | | |
| Last Name |  | | | | | | | | First | | |  | M.I. |  | | | | Date | | |  |
| Street Address | | | |  | | | | | | | | | Apartment/Unit # | | | | | | | |  |
| City |  | | | | | | | | State | | |  | ZIP | |  | | | | | | |
| Primary Phone | | |  | | | | Alternate Phone | | | |  | | E-mail Address | | | |  | | | | |
| Other name(s) used: | | | | |  | | | | | | When names(s) used: | |  | | | | | | | | |
| Are you legally authorized to work in the United States pursuant to Federal and State immigration laws? | | | | | | | | | | | | | | | | YES ☐ NO ☐ | | | | | |
| **iCan! Think Positive** **is a registered participant in the federal work authorization program commonly known as E-Verify and uses such program to verify employment eligibility of all employees hired on or after February 27, 2008.**  **(Proof of identity and eligibility will be required upon employment.)** | | | | | | | | | | | | | | | | | | | | | |
| Have you ever been convicted of a felony or entered a plea of guilty to law violation(s) other than a minor traffic violation? (Please note that a “yes” answer will not bar your from consideration for employment.) | | | | | | | | | | | | | | | | | | | | | YES ☐ NO ☐ |
| If yes: |  | | | | |  | |  | | | | | | | | | | | | | |
|  | When? | | | | | Where? | | For what? | | | | | | | | | | | | | |
|  |  | | | | |  | |  | | | | | | | | | | | | | |
|  | When? | | | | | Where? | | For what? | | | | | | | | | | | | | |
| Are you related to anyone employed or contracted to work at iCan! Think Positive? | | | | | | | | YES ☐ NO ☐ | | | | If yes, |  | | | | | |  | | |
|  | | | | | | | |  | | | |  | Name of Employee | | | | | | Department | | |
| Referred by: | |  | | | | | | | | | | | | | | | | | | | |
| Have you ever worked for or applied for work with iCan! Think Positive? | | | | | | | | | | Applied?  Worked? | | YES ☐ NO ☐  YES ☐ NO ☐ |  | | | | | | |  | |
| When | | | | | | | Department | |
| Are you now or do you expect to be in any other business or employment other than indicated on this application? YES ☐ NO ☐  If yes, attach a separate sheet explaining. | | | | | | | | | | | | | | | | | | | | | |

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| **POSITION INFORMATION** | | | | | | | | | | | | | | | | |
| **Position Applied for** |  | | | | | | | | | | | | | | | |
| **POSITION INFORMATION** | | | | | | | | | | | | | | | | |
| **Some positions may require the completion of an additional, supplemental questionnaire. Please refer to job posting.** | | | | | | | | | | | | | | | | |
| Date Available |  | | Desired Salary | | | | | | | | | | | |  | |
| Employment status desired: | Full Time ☐  Part Time ☐  Seasonal ☐ | | Many jobs at iCan! Think Positive require overtime. Can you work overtime? | | | | | | | | | | | | YES ☐ NO ☐ | |
|  | Many jobs at iCan! Think Positive require weekend or night shifts. Can you work on the weekend or at night? | | | | | | | | | | | | YES ☐ NO ☐ | |
| **EDUCATION / TRAINING** | | | | | | | | | | | | | | | | |
| **High School or GED** | |  | | | | | | | | | | | | | | |
| Address | |  | | | | | | | | | | | | | | |
| Number of Years Completed | |  | | Diploma Received | | | |  | | |  | |  | | | |
| **College, Vocational or Technical School** | |  | | | | | | | | | | | | | | |
| Address | |  | | | | | | | | | | | | | | |
| Number of Years Completed | |  | | Degree/Certificate Received | | | |  | | | Major | |  | | | |
| **Graduate School** | |  | | | | | | | | | | | | | | |
| Address | |  | | | | | | | | | | | | | | |
| Number of Years Completed | |  | | Degree/Certificate Received | | | |  | | | Major | |  | | | |
| What skills or additional training do you have that relate to the job for which you are applying? | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| What clinical, software, or management training do you have that relate to the job for which you are applying? | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| **EMPLOYMENT RECORD** | | | | | | | | | | | | | | | | |
| **Company** |  | | | | | | | | | Phone |  | | | | | |
| Address |  | | | | | | | | | Supervisor |  | | | | | |
| Job Title |  | | | | | | | Starting Salary | | $ | Ending Salary | | $ | | | |
| Responsibilities | |  | | | | | | | | | | | | | | |
| From |  | To | | |  | | Reason for Leaving | |  | | | | | | | |
| May we contact this employer? | | | | YES ☐ NO ☐ | | | |  | |  |  | | | | | |
| **Company** |  | | | | | | | | | Phone |  | | | | | |
| Address |  | | | | | | | | | Supervisor |  | | | | | |
| Job Title |  | | | | | | | Starting Salary | | $ | Ending Salary | | $ | | | |
| Responsibilities | |  | | | | | | | | | | | | | | |
| From |  | To | | |  | | Reason for Leaving | |  | | | | | | | |
| **Company** |  | | | | | | | | | Phone |  | | | | | |
| Address |  | | | | | | | | | Supervisor |  | | | | | |
| Job Title |  | | | | | | | Starting Salary | | $ | Ending Salary | | $ | | | |
| Responsibilities | |  | | | | | | | | | | | | | | |
| From |  | To | | |  | | Reason for Leaving | |  | | | | | | | |
| **REFERENCES** | | | | | | | | | | | | | | | | |
| *List below the names of three persons, other than relatives, whom you have known for at least one year, we can use as reference checks, who have knowledge of your work skills, experience and abilities and are qualified to evaluate your capabilities.* | | | | | | | | | | | | | | | | |
| **Full Name** | | | | | |  | | | | | | Relationship | | |  | |
| Company | | | | | |  | | | | | | Phone | | |  | |
| Address | | | | | |  | | | | | | | | | | |
| **Full Name** | | | | | |  | | | | | | Relationship | | |  | |
| Company | | | | | |  | | | | | | Phone | | |  | |
| Address | | | | | |  | | | | | | | | | | |
| **Full Name** | | | | | |  | | | | | | Relationship | | |  | |
| Company | | | | | |  | | | | | | Phone | | |  | |
| Address | | | | | |  | | | | | | | | | | |
| **DISCLAIMER AND SIGNATURE** | | | | | | | | | | | | | | | | |
| **PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING**  I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.  I authorize the investigation of any or all statements contained in this application through the services of iCan! Think Positive or an outside agency. I understand that these investigations will include information of public record, which could include DMV records, civil and criminal court records, and other records as may be appropriate. I understand I have a right to make a written request within a reasonable time for the disclosure of the name and address of the reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation. Previous employment references will also be checked.  I hereby fully waive any rights or claims I have or may have against all current and/or former employers, and their agents, employees, and representatives and damages that may directly or indirectly result from the use, disclosure or release of any information by any person or party, whether such information is favorable or unfavorable to me. I further waive any claim against iCan! and any outside agency utilized by iCan! as a result of any information which is obtained in this investigation.  I understand that if I am extended an offer of employment it may be conditioned upon successfully passing a pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.  I understand I will be required to successfully pass a drug screening examination. I hereby consent to a pre- and/or post-employment drug screen as a condition of employment, if required.  I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of iCan! Think Positive.  I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE.  I have read, understand, and by my signature consent to these statements. I also understand that applications submitted electronically, via e-mail or similar media, are not valid unless I enter my name in the signature field below and such action shall constitute an electronic signature and, by this means, I am declaring all information submitted is true and correct, just as though my signature were placed on this application to verify same. | | | | | | | | | | | | | | | | |
| Signature | | | | |  | | | | | | | | | Date | |  |
| This application for employment will remain active for one year and be retained for a period of two years. | | | | | | | | | | | | | | | | |
| **SUBMITTING YOUR APPLICATION** | | | | | | | | | | | | | | | | |
| Please make sure that you verify all information is complete and accurate prior to submitting to the Human Resource Department. Once you have submitted a resume and application, we will contact you if we wish to schedule an interview. Please do not call/email the hiring manager or HR to request an update. | | | | | | | | | | | | | | | | |
| **FOR HUMAN RESOURCES DEPARTMENT USE ONLY** | | | | | | | | | | | | | | | | |
| Date Received: | | |  | | | Expiration Date: | | | | | |  | | Verified by: | |  |
| Employed? | | | YES ☐ NO ☐ | | | Employment Date: | | | | | |  | | Interviewed by: | |  |

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|  | **iCan! Think Positive**  **APPLICATION QUESTIONNAIRE** |
| iCan! Think Positive is an Equal Opportunity Employer.  iCan! Think Positive provides equal opportunity to all employees and applicants for employment without regard to race, color, creed, religion, gender, sexual orientation, national origin, age, disability, marital status or status as covered veterans in accordance with applicable federal, state, and local laws. | |

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|  | YES | NO |
| Will you consent to a thorough background investigation? | ☐ | ☐ |
|  | | |
| Have you ever been rejected for employment, for any reason, by any mental health agency?  If “yes”, what agency and why. | ☐ | ☐ |
|  | | |
| Have you ever been terminated by any mental health agency? If “yes”, give the date of  termination and reason for termination. | ☐ | ☐ |
|  | | |
| Have you ever been terminated or asked to resign from **ANY** job? If “yes”, list the name of the job(s), dates of employment, and reason for termination or resignation under pressure. | ☐ | ☐ |
|  | | |
| Have you **EVER** been physically arrested or given a copy of charges for violation of any city, municipal, state, or federal law? | ☐ | ☐ |
|  | | |
| Have you **EVER** appeared in any court (including juvenile) as a defendant to answer any city, municipal, state, or federal criminal charge? If so, give the court in which you appeared and the disposition of the case (i.e. conviction, First Offenders, charges dismissed, etc). | ☐ | ☐ |
|  | | |
| Have you **EVER** used, tried, ingested, or experimented with **ANY** other type of illegal narcotics or dangerous drugs (i.e. heroin, cocaine, hashish, speed, lsd, anabolic steroids, etc.)?  If “yes” indicate what type of drug and when you used it? | ☐ | ☐ |
|  |  |  |
| Have you **EVER** sold any type of illegal drug, delivered illegal drugs, shared drugs with another person, or directed another person where to buy drugs?  If yes, indicate what type of drug and when. | ☐ | ☐ |
|  | | |
| Have you ever filed or declared bankruptcy, had any judgments, repossessions, foreclosures, or collections? | ☐ | ☐ |
|  | | |
| Have you ever been a Plaintiff or Defendant in a lawsuit? | ☐ | ☐ |
|  | | |
| Do you know of anything that might prevent you from obtaining the position you have applied for? | ☐ | ☐ |
|  | | |
| Have you ever had your wages garnished? | ☐ | ☐ |
|  | | |
| Are there any unpaid judgments against you? | ☐ | ☐ |
|  | | |
| Have you ever had a charge, complaint, or lawsuit filed against you? | ☐ | ☐ |
|  | | |
| Are you now or have you ever been, engaged in any business as an owner, partner, or  corporate member? | ☐ | ☐ |
|  | | |
| Have you received written reprimands from supervisors or employers for not doing your job correctly or conduct violations? | ☐ | ☐ |
|  | | |
| Have you been counseled or received warning for being late or absent from work? | ☐ | ☐ |
|  | | |
| Have you ever been suspended from a job for a period of time with or without pay? | ☐ | ☐ |
|  | | |
| Did you file Federal and State Income Taxes last year? | ☐ | ☐ |
|  | | |
| Have you purposely omitted any information from your employment application? | ☐ | ☐ |
|  | | |
|  | | |