

INTERMOUNTAIN CENTERS FOR HUMAN DEVELOPMENT
P.O. Box 17749 • Tucson, AZ 85731-7749 • (520) 721-1887



APPLICATION FOR EMPLOYMENT

Print or Type

Name (First)	Middle	Last	Date
Home Address (Street)	City	State	Zip
Position Desired:			Telephone Number:
Location Desired:			Cell/Message Phone Number:
Are you eligible for employment in the U.S. Yes <input type="checkbox"/> No <input type="checkbox"/>		May we contact your current employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Other name(s) under which employment may be verified:	Have you ever been convicted of a crime? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain:		
Date of previous application for employment with ICHD	Have you ever been employed by ICHD? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, dates of employment:		

EDUCATION/TRAINING

Degrees/Certifications/Credentials (Please list degrees/certifications/licenses awarded)				
High School (if applicable)	Name of School	Location	Diploma Awarded Yes <input type="checkbox"/> No <input type="checkbox"/>	GED Yes <input type="checkbox"/> No <input type="checkbox"/>
College/ University	Name of School	Location	Degree Awarded	
College/ University	Name of School	Location	Degree Awarded	
College/ University	Name of School	Location	Degree Awarded	
Languages You Speak Fluently:		Languages you Write Fluently:	Languages You Read Fluently:	
If Applicable To Position: Typing Speed: _____ Data Entry Speed (kph): _____ 10-Key By Touch Yes <input type="checkbox"/> No <input type="checkbox"/>				
Computer Applications: _____				
Other Skills: _____				

DRIVING

Do you have a current valid driver's license? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, for which state? _____
Drivers in this company are held solely responsible for all laws they disobey. Do you accept this rule: Yes <input type="checkbox"/> No <input type="checkbox"/>
How many moving traffic violations have you been convicted of, or paid fines in connection with, in the past three years? #1 (Type) _____ #2 (Type) _____ #3 (Type) _____

For Office Use Only: Hired: Yes ___ No ___ If yes, date of hire: _____ Entered into HRIS by ___(initial)

EMPLOYMENT RECORD

List employment for the past 10 years, beginning with the most recent. Use additional pages if necessary

(1) Employer (most recent)

Company Name		Telephone (include area code)			
		Fax (optional)			
Street Address					
City, State, Zip					
Job Title			Supervisor		
DATES EMPLOYED	From Month/Year	To Month/Year	SALARY	Starting	Ending

Specific Duties: _____

Reason for Leaving: _____

(2) Employer

Company Name		Telephone (include area code)			
		Fax (optional)			
Street Address					
City, State, Zip					
Job Title			Supervisor		
DATES EMPLOYED	From Month/Year	To Month/Year	SALARY	Starting	Ending

Specific Duties: _____

Reason for Leaving: _____

(3) Employer

Company Name		Telephone (include area code)			
		Fax (optional)			
Street Address					
City, State, Zip					
Job Title			Supervisor		
DATES EMPLOYED	From Month/Year	To Month/Year	SALARY	Starting	Ending

Specific Duties: _____

Reason for Leaving: _____

(4) Employer

Company Name		Telephone (include area code)			
		Fax (optional)			
Street Address					
City, State, Zip					
Job Title			Supervisor		
DATES EMPLOYED	From Month/Year	To Month/Year	SALARY	Starting	Ending

Specific Duties: _____

Reason for Leaving: _____

(5) Employer

Company Name		Telephone (include area code)			
		Fax (optional)			
Street Address					
City, State, Zip					
Job Title			Supervisor		
DATES EMPLOYED	From Month/Year	To Month/Year	SALARY	Starting	Ending

Specific Duties: _____

Reason for Leaving: _____

PROFESSIONAL REFERENCES (No Relatives)

NAME:	Phone Number:	Street Address:
Relationship:	Occupation:	City, State, Zip:
NAME:	Phone Number:	Street Address:
Relationship:	Occupation:	City, State, Zip:
NAME:	Phone Number:	Street Address:
Relationship:	Occupation:	City, State, Zip:
NAME:	Phone Number:	Street Address:
Relationship:	Occupation:	City, State, Zip:

PLEASE READ BEFORE SIGNING: If you have any questions regarding the following statements, please ask them of an employment interviewer before signing.

In consideration of my initial employment, I agree to conform to the rules, regulations, philosophies and business policies and procedures of Intermountain Centers for Human Development (ICHHD). I understand that, if I am employed, my employment will be AT WILL which means either I or ICHHD may terminate the employment relationship at anytime, with or without notice and with or without cause. I also understand that all obligations on the company's part concerning my compensation shall end with my last day of work.

I understand that ICHHD is an equal opportunity employer and that there is no discrimination in the hiring of individuals based on gender, age, race, national origin, color, marital status, political affiliation, religious belief, or handicap.

I also understand that ICHHD complies with the "Drug-free Workplace Act of 1988. Drug testing may be required as a condition of pre-employment, suspicion of use during working hours, specific agency funding contracts and/or some benefit programs.

RELEASE OF INFORMATION: I authorize my previous employers, school or persons named as references to give any information regarding my employment or education record and acknowledge that information supplied by previous employers may be used and the employers contacted. I agree that ICHHD or my previous employers shall not be held liable in any respect if an employment offer is not tendered, is withdrawn or my employment is terminated because of misrepresented statements, answers or omissions made by me on this application. If I am employed, I understand that personal data will be required for statistical purposes and for determination of benefit eligibility.

I certify that all information provided on this application is true and complete to the best of my knowledge and belief.

I hereby acknowledge that I have read and understand the above statements.

Name _____
(Please Print)

Signature _____ Date _____

AFFIRMATIVE ACTION INFORMATION

INTERMOUNTAIN CENTERS FOR HUMAN DEVELOPMENT (ICHD) is a government contractor subject to the laws and regulations concerning Equal Employment Opportunity.

Submission of the following information is voluntary and refusal to provide it will NOT subject you to any form of discrimination. This form will be immediately separated from your application. This information will be kept confidential and will have no bearing on the hiring process.

Name:

Date:

Position Applied for:

Sex: Female () Male ()

Age: Check only if Under 18 () or 40-70 ()

Race/Ethnicity Category: (check only one)

White (Not Hispanic or Latino) – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Black or African American (Not Hispanic or Latino) – A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Asian (Not Hispanic or Latino) – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

American Indian or Alaska Native (Not Hispanic or Latino) – A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

Two or More Races (Not Hispanic or Latino) – All persons who identify with more than one of the above five races.

Hispanic or Latino – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

Are you a veteran? Yes () No ()

Are you a Vietnam Era Veteran: Yes () No ()

Do you believe you are disabled? Yes () No ()

How were you referred to ICHD?

- Internet
- Newspaper
- Agency Referral
- Employee Referral (name: _____)
- Word of Mouth
- Other (please specify) _____

For Office Use Only:

Hired: Yes ___ No ___ If yes, date of hire: _____ Entered into HRIS by ___(initial)