



APPLICATION FOR EMPLOYMENT

Legacy Treatment Services considers all applicants for employment without regard to race, color, religion, sex, marital status, national origin, age, sexual orientation, disability, or veteran status, in accordance with federal law. In addition, Legacy Treatment Services complies with applicable state and local laws prohibiting discriminating in employment in every jurisdiction in which it maintains facilities. Legacy Treatment Services also provides reasonable accommodation to individuals with a disability in accordance with applicable laws.

Last Name	First	Middle	Date
Other names, including maiden name:		Names of relatives that currently work for Legacy Treatment Services:	
Street Address		Home Telephone ()	
City, State, Zip		Cell Telephone ()	
Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Month and Year _____ Location _____		Personal Email:	
Referred By	Position Desired	Salary Desired	
Do you want to work <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time, if part time, specify days and hours:		When will you be available to begin work? _____	
Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>Proof of citizenship or immigration status will be required upon employment</small>		If employed and you are under 18, can you furnish a work permit? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Veteran of the U.S. Military Service		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Branch	From	To	Rank
		Current Status	

EDUCATION & TRAINING (LIST MOST RECENT FIRST)			
HIGH SCHOOL – COLLEGES – UNIVERSITIES TRADE OR BUSINESS SCHOOLS	CITY/STATE (LIST CAMPUS ATTENDED)	DEGREE/DIPLOMA OR HIGHEST GRADE COMPLETED	MAJOR AREA OF STUDY

PROFESSIONAL LICENSES AND/OR CERTIFICATIONS			
IF LICENSED REGISTERED OR CERTIFIED	TYPE	STATE ISSUED	EXPIRATION DATE
	TYPE	STATE ISSUED	EXPIRATION DATE
	TYPE	STATE ISSUED	EXPIRATION DATE

WORK HISTORY LIST (List most recent job first)

Start with you present or last job. Include any job related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

Employer		Dates Employed		Work Performed
		From	To	
Telephone Number(s)				
Address				
Job Title	Supervisor			
Reason for Leaving		May we check references <input type="checkbox"/> Yes <input type="checkbox"/> No		
Employer		Dates Employed		Work Performed
		From	To	
Telephone Number(s)				
Address				
Job Title	Supervisor			
Reason for Leaving		May we check references <input type="checkbox"/> Yes <input type="checkbox"/> No		
Employer		Dates Employed		Work Performed
		From	To	
Telephone Number(s)				
Address				
Job Title	Supervisor			
Reason for Leaving		May we check references <input type="checkbox"/> Yes <input type="checkbox"/> No		

(If additional space is needed, please continue on a separate sheet of paper)

PROFESSIONAL REFERENCES

Give name, address and telephone number of three references **who are not related to you**.

1. _____
2. _____
3. _____

In making application with Legacy Treatment Services, I understand and acknowledge the following:

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the employee may resign at any time and the Employer may discharge the Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

Any offer of employment I may receive from Legacy Treatment Services is contingent upon my successful completion of the company's total preemployment screening process, including Legacy Treatment Services receiving references that it considers satisfactory, and my satisfactory completion of any post-job offer preemployment physical examination, drug screening and criminal background checks that Legacy Treatment Services may require.

I authorize and request that all of my present and former employers and those individuals I have listed as personal references furnish information about my employment record, including a statement of the reason for the termination of my employment, work performance, abilities, and other qualities pertinent to my qualifications for employment, hereby releasing them from any and all liability for damages arising from furnishing the requested information.

STATEMENT OF CERTIFICATION-APPLICANT SIGNATURE By signing this application, I certify under penalty of law that the information provided anywhere in this application is true, correct and complete to the best of my knowledge and belief. I also acknowledge that should investigation at any time disclose any misrepresentation, omission, or falsification, my application may be rejected, my name may be removed from further consideration, and I may be disqualified from further examinations and/or terminated from employment. I also authorize Legacy Treatment Services to make all necessary and appropriate investigations allowable by law to verify the information provided.

I have read and understand the above and have had the opportunity to ask questions which, if asked, were satisfactorily answered.

SIGNATURE _____

DATE _____