



Community Awareness & Treatment Services, Inc.

EMPLOYMENT APPLICATION

An Equal Opportunity Employer

Please Print

Date Last Name First Name Middle

Present Address

No. & Street City State Zip

Permanent Address (if different from present address)

No. & Street City State Zip

Home Phone Business or Cell Phone

Employment Desired

Position applying for:

Are you applying for:

Regular full-time work? Yes No

Regular part-time work? Yes No

Temporary work, e.g., summer or holiday work? Yes No

What days and hours are you available for work?

If applying for temporary work, during what period of time will you be available?

From: To:

Are you available for work on weekends? Yes No

Would you be available to work overtime, if necessary? Yes No

If hired, on what date can you start work?

Salary desired:



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Personal Information

Have you ever applied to or worked for CATS before? Yes No

If yes, when? _____

Do you have any friends or relatives working for CATS ? Yes No

If yes, state name(s) and relationship:

Name

Relationship

Name

Relationship

Why would you like to join our team?

If hired, do you have a reliable means of transportation to and from work? Yes No

Are you at least 18 years old? (If under 18, hire is subject to verification that you are of minimum legal age.) Yes No

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in the U.S.? Yes No

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? Yes No

Are you currently employed? Yes No
If so, may we contact your current employer? Yes No



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Education, Training, and Experience

School	Name and Address	No. of Years Completed	Did you Graduate?	Degree or Diploma
High School	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	Name _____			
	Address _____			
	City _____ State _____ Zip _____			
College/ University	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	Name _____			
	Address _____			
	City _____ State _____ Zip _____			
Vocational/ Business	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	Name _____			
	Address _____			
	City _____ State _____ Zip _____			
Health Care Training	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	Name _____			
	Address _____			
	City _____ State _____ Zip _____			

Do you speak, write and/or understand any languages in addition to English? Yes No

If yes, which language(s)? _____

Do you have any other experience, training, qualifications, or skills that you feel make you especially suited for for the position you have applied for, including those gained in the military? Yes No

If so, please explain:



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Answer the following questions if you are applying for a professional position:

Do you have a current license/certification for this position? Yes No

Name of license/certification: _____ Issuing state: _____

License/certification number: _____

Has your license/certification ever been revoked or suspended? Yes No

If yes, state reason(s), date of revocation or suspension, and date of reinstatement.

Employment History

List below all present and past employment starting with your most recent employer (last five years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume.

Name of Employer Telephone No. () -

Type of Business Your Supervisor's Name

Address & Street City State Zip -
Dates of Employment: _____
From To

Your Position and Duties

Reason for Leaving
May we contact this employer for a reference? Yes No

Name of Employer Telephone No. () -

Type of Business Your Supervisor's Name

Address & Street City State Zip
Dates of Employment: _____
From To Starting Ending

Your Position and Duties

Reason for Leaving

May we contact this employer for a reference? Yes No



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Employment History, continued

Name of Employer

Telephone No. () -

Type of Business

Your Supervisor's Name

Address & Street

City State Zip -

Dates of Employment: _____
From To

Your Position and Duties

Reason for Leaving

May we contact this employer for a reference? Yes No

Name of Employer

Telephone No. () -

Type of Business

Your Supervisor's Name

Address & Street

City State Zip -

Dates of Employment: _____
From To

Your Position and Duties

Reason for Leaving

May we contact this employer for a reference? Yes No



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Name of Employer, Telephone No., Type of Business, Your Supervisor's Name, Address & Street, City, State, Zip, Dates of Employment: From To

Your Position and Duties

Reason for Leaving

May we contact this employer for a reference? Yes No

Note: Attach additional page(s) if necessary.

References

List below three persons not related to you who have knowledge of your work performance within the last three years.

Reference 1: First Name, Last Name, Telephone No., Address & Street, City, State, Zip, Occupation, No. of Years Acquainted

Reference 2: First Name, Last Name, Telephone No., Address & Street, City, State, Zip, Occupation, No. of Years Acquainted

Reference 3: First Name, Last Name, Telephone No., Address & Street, City, State, Zip, Occupation, No. of Years Acquainted



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Please Read Carefully, Initial Each Paragraph and Sign Below:

_____ I hereby certify that I have not knowingly withheld any information that might adversely affect my
Initials chances for employment and that the answers given by me are true and correct to the best of my
knowledge. I further certify that I, the undersigned applicant, have personally completed this
application. I understand that any omission or misstatement of material fact on this application or on
any document used to secure employment shall be grounds for rejection of this application or for
immediate discharge if I am employed, regardless of the time elapsed before discovery.

_____ I hereby authorize CATS (“Company”) to thoroughly investigate my references, work record,
Initials education and other matters work record, education and other matters related to my suitability for
employment and, further, authorize the references I have listed to disclose to the company any and
all letters, reports and other information related to my work records, without giving me prior notice
of such disclosure. In addition, I hereby release the Company, my former employers and all other
persons, corporations, partnerships and associations from any and all claims, demands or liabilities
arising out of or in any way related to such investigation or disclosure.

_____ I understand that nothing contained in the application, or conveyed during any interview which may
Initials be granted or during my employment, if hired, is intended to create an employment contract
between me and the Company. In addition, I understand and agree that if I am employed, my
employment is for no definite or determinable period and may be terminated at any time, with or
without prior notice, at the option of either myself or the Company, and that no promises or
representations contrary to the foregoing are binding on the company unless made in writing and
signed by me and the Company's designated representative.

Date

Applicant’s Signature