

ABODE Treatment, Inc.

Applicant Name: _____ Date applying: _____

Dear Applicant,

Thank you for your interest in ABODE Treatment, Inc. Please complete the Application for Employment, Employment History form, Personal Reference form, TCIC/NCIC Authorization form and return them with your current resume (if you have one) to:

ABODE Treatment, Inc.
Human Resource Department
2018 Evans Avenue
Fort Worth, TX 76104
(817) 246-8677 ext. 400 π FAX: (817) 922-9809

Please understand that this application will be used to verify your employment history, personal references and criminal history. Before you are offered a position, you will be responsible for providing ABODE Treatment a local background check through the local Department of Public Safety or police department and requesting TCIC/NCIC (Texas Criminal Investigation Check/National Criminal Investigation Check) with a \$34 Money Order addressed to ABODE Treatment, Inc. Ask the Human Resource representative for a fingerprint card and Pre-employment NCIC/TCIC Record Request form.

ATTENTION:

All Applicants: must not have any pending charges or outstanding warrants. Counselor applicant 5 years must have passed since applicant released from any convictions. Other applicants 15 years must have passed since applicant released from any convictions.

ABODE Treatment, Inc. is a drug free workplace. Applicants must complete and pass a drug screening through Alliance Occupational Health Testing, Inc. before a position will be offered. Employees are tested on a random basis for drug/alcohol use throughout their tenure with ABODE Treatment, Inc.

We look forward to reviewing your application and resume. Should you have any questions, please do not hesitate to contact the Administrative Office at (817) 246-1227 ext. 400

ABODE Treatment, Inc.

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

Date: _____

Name: (last name first)			Social Security #	
Present Address	Apt #	City	State	Zip
Permanent Address	Apt #	City	State	Zip
Are you 18 years or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	Phone:		Alternate Phone:	
			E-mail Address:	

DESIRED EMPLOYMENT

Position	Date you can start	Salary Required
Are you employed now? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, may we inquire of your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever applied to this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No	Where?	When?
Have you ever worked for this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No	Where?	When?
If yes, Reason for leaving ABODE Treatment, Inc.:		
Name of last supervisor at ABODE Treatment, Inc.?		
Who referred you to ABODE Treatment, Inc.? <input type="checkbox"/> Employment Agency <input type="checkbox"/> Newspaper Advertising <input type="checkbox"/> Friend: Name: _____ <input type="checkbox"/> State Employment Office <input type="checkbox"/> College Placement Service <input type="checkbox"/> Walk-In <input type="checkbox"/> Other:		

EDUCATION

SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	#OF YEARS ATTENDED	DID YOU GRADUATE	SUBJECTS STUDIED
High School				
College				
Trade, Business or Correspondence School				
Other				

ABODE Treatment, Inc.

EMPLOYMENT HISTORY

Applicant: _____ SSN: _____

Please start with *most recent* employer

Complete even if you submit a resume!

Employer:	Employment Dates:
Address:	Job Title:
	Phone:
Salary: hourly / annual	FAX:
Supervisor:	Title:
Description of Work:	
Reason for leaving:	
<hr style="border: 1px solid black;"/>	
Employer:	Employment Dates:
Address:	Job Title:
	Phone:
Salary: hourly / annual	FAX:
Supervisor:	Title:
Description of Work:	
Reason for leaving:	
<hr style="border: 1px solid black;"/>	
Employer:	Employment Dates:
Address:	Job Title:
	Phone:
Salary: hourly / annual	FAX:
Supervisor:	Title:
Description of Work:	
Reason for leaving:	

ABODE Treatment, Inc.

PERSONAL REFERENCES

Applicant: _____ SSN: _____

Below, give the names of three persons *you are NOT related to*, whom you have known at least *three years*.

Name:	Phone:
Address:	FAX:
Business:	Years acquainted:

Name:	Phone:
Address:	FAX:
Business:	Years acquainted:

Name:	Phone:
Address:	FAX:
Business:	Years acquainted:

ABODE Treatment, Inc.

AUTHORIZATION

I certify that the facts given ABODE Treatment, Inc. are true and complete to the best of my knowledge. I understand that if any of this information is found to be false, I will not be offered a position with ABODE Treatment, Inc. However, if I am employed by ABODE Treatment, Inc. and any of this information is found to be false, my employment may be terminated.

I authorize investigation of all statements contained herein. References and employers listed on the application and/or resume are authorized to give ABODE Treatment, Inc. any and all information concerning my previous employment and pertinent information they may have, personal or otherwise. I release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of ABODE Treatment, Inc. has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

Print Applicants Name: _____

Applicants Signature: _____ Date: _____