



Application for Employment

Please Print Legibly. Fill out Application Completely and Answer Each Question.

Therapeutic Treatment Center, LLC is Equal Opportunity, Affirmative Action employers. No question on this application or any of the attachments to this application is asked for the purpose of limiting or excluding any applicant's consideration for employment because of race, color, religion, sex, sexual orientation, age, national origin, disability, veteran status or any other category protected by law. You will be required to undergo pre-employment screening and drug testing, designed to ascertain your suitability for employment for the job for which you are being considered. Employment is contingent upon test results.

<input type="text"/> Social Security Number	<input type="text"/> Date of Birth	<input type="text"/> Date of Application	
<input type="text"/> Driver's License Number	<input type="text"/> State	<input type="text"/> Type	<input type="text"/> Expiration Date

<input type="text"/>	<input type="text"/>	<input type="text"/>
Name (print): First	Middle	Last

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	City	State	Zip

<input type="text"/> Home Phone	<input type="text"/> Work Phone
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<input type="text"/> Cell Phone	<input type="text"/> Email Address
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Section I – Personal

Position of Interest: _____

Salary Range Desired: _____ Date Available for Employment: _____

Are you related to anyone employed at Therapeutic Treatment Center, LLC? Yes No

Can you furnish documentation to verify your right to work in the United States? Yes No

Please list the documentation: _____

1. Have you ever illegally sold any narcotics, amphetamines, barbiturates or other dangerous drugs?
 Yes No If "Yes", give details: _____

2. Are you currently illegally using narcotics, amphetamines, barbiturates or other dangerous drugs?
 Yes No If "Yes", give details: _____

3. Have you ever been convicted of any crime? This includes traffic violations, probation before judgment convictions and nolo contendere plea (do not include those that have been sealed, expunged, or statutorily eradicated). Yes No If "Yes", give details: _____

Criminal Offense(s): _____

Location(s): State _____ County _____ Court _____

Date(s) and sentence(s): _____

Section 2 – Work History Please start with your present or last position. Include complete past work history. Attach additional sheets, if necessary. Please complete even if this information is on your resume.

1. Company or Organization Name: _____

Address: _____ City: _____

State: _____ Zip: _____ Full-time Part-time

Salary at Start: _____ Salary at Leaving _____

Employed From: _____ to _____

Title(s): _____

Duties performed: _____

- Name/Title of Supervisor: _____

Reason for leaving or considering change: _____

May we contact this employer upon a conditional offer of employment? Yes No

If "No", please explain: _____

2. Company or Organization Name: _____

Address: _____ City: _____

State: _____ Zip: _____ Full-time Part-time

Salary at Start: _____ Salary at Leaving _____

Employed From: _____ to _____

Title(s): _____

Duties performed: _____

Name/Title of Supervisor: _____

Reason for leaving or considering change: _____

May we contact this employer upon a conditional offer of employment? Yes No

If "No", please explain: _____

Name (Last, First):

3. Company or Organization Name: _____

Address: _____ City: _____

State: _____ Zip: _____ Full-time Part-time

Salary at Start: _____ Salary at Leaving _____

Employed From: _____ to _____

Title(s): _____

Duties performed: _____

Name/Title of Supervisor: _____

Reason for leaving or considering change: _____

May we contact this employer upon a conditional offer of employment? Yes No

If "No", please explain: _____

4. Company or Organization Name: _____

Address: _____ City: _____

State: _____ Zip: _____ Full-time Part-time

Salary at Start: _____ Salary at Leaving _____

Employed From: _____ to _____

Title(s): _____

Duties performed: _____

Name/Title of Supervisor: _____

Reason for leaving or considering change: _____

May we contact this employer upon a conditional offer of employment? Yes No

If "No", please explain: _____

Have you ever been terminate from any position other than a lay off or reduction-in-force or resigned by mutual agreement?

 Yes Company's Name: _____ No Please Explain: _____

Name (Last, First): _____

Section 3 – Education

(Please provide proof of highest educational level completed)

High School Attended / Date graduate _____ Please note if you received your GED.

College, University, Technical/Vocational Attended: _____

Date graduated or when you will graduate: _____

Course of Study: _____ Minor? _____

Please list any other names under which educational records may be listed:

Section 4 – Licensure (to be completed by registered, licensed, or certified applicants i.e. CPR, First Aid, Med Training)

Type	State	Current Number	Expiration Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Name (Last, First):

Describe any experience you have leading others. _____

Please list the names of the two persons from whom professional and character references are being mailed.

Name

Relationship

Phone

(____) _____
(____) _____

As a potential staff employee, I will adhere to Therapeutic Treatment Center, LLC policies. If hired, I will accept all responsibilities as described in the job description. I also realized that a full background check will be done before or soon after I start my new assignment at Therapeutic Treatment Center, LLC. I understand that any misrepresentation or omission of the facts called for will constitute sufficient reason to terminate the application process or, if already employed, to terminate my employment. All background checks and screenings will be done at the expense of Therapeutic Treatment Center, LLC.

RESUMES must be attached.

EMPLOYEE BACKGROUND CHECKS WILL INCLUDE THE FOLLOWING

- Employment history and/or military record verifications

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- Education and credential checks
 - Motor vehicle records checks
 - Social Security number trace
 - Criminal records searches (incl. Finger Printing)
 - Drug screening

(Signature) _____

Date: _____

Voluntary Information for Government Reporting Purposes
EEO/Self-Identification Information
(Completion of this form is voluntary)

Name (print): First	Middle	Last	
Address	City	State	Zip
Social Security Number	Date of Application		
Signature	Position Applying For		

Therapeutic Treatment Center, LLC is an equal opportunity/affirmative action employer in all of its employment and personal actions. We encourage people of all ethnic backgrounds to pursue opportunities with our Company.

Ethnic Identification

This information is required in order to comply with Title VII of the Executive Order 11246, Office of the Federal Contract Compliance Programs' Rules and Regulations 41 CFR 60-1 (as amended for Affirmative Action Reporting Programs), and Executive Office of the President, Office of Management and Budget's OMB Directive Number 12. Please fill out the following.

SEX Female Male

What is your race/ethnicity? From the proposed eight categories, please select only one response:

- | | |
|--|---|
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Hispanic or Latino |
| <input type="checkbox"/> Asian | <input type="checkbox"/> American Indian or Alaska Native |
| <input type="checkbox"/> Native Hawaiian or other Pacific Islander | <input type="checkbox"/> White |
| <input type="checkbox"/> Two or More Races | <input type="checkbox"/> I choose not to identify |

If you have selected the "Two or More Races" category, please select the one category with which you primarily identify, from the following six categories:

- | | |
|--|---|
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Hispanic or Latino |
| <input type="checkbox"/> Asian | <input type="checkbox"/> American Indian or Alaska Native |
| <input type="checkbox"/> Native Hawaiian or other Pacific Islander | <input type="checkbox"/> White |

FOR HUMAN RESOURCES USE ONLY

Job Category: _____ Date Hired: _____