

PALMER

Treating Addiction. Healing Lives.

Employment Application

PERSONAL INFORMATION

Incomplete information could disqualify you from further consideration.

Name: _____
Last First Middle

Address: _____
Number & Street City State Zip Code

Phone Number: _____
Home Cell Work

Email Address:

Are you eligible for employment in the United States?
 Yes No

Are you 18 years of age or older?
 Yes No

EMPLOYMENT DESIRED

Full Time Part Time PRN

Hourly Rate/Salary

Position Desired _____

Desired _____

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

Are you available to work any shift, including weekends? Yes No

If NO, what days and hours would you be available? _____

Are you available to work over-time (over 40 hours per week)? Yes No

Are you currently employed? Yes No If YES, may we contact your present employer? Yes No

REFERRAL SOURCE

How did you hear about us? _____

Have you ever interviewed with Palmer or its affiliates before?

Yes No

If YES, please list when and for what position you applied for:

Have you ever been employed by Palmer or its affiliates before?

Yes No

If YES, please list dates and position(s) held:

Do you have any family and/or relative(s) employed by Palmer or its affiliates?

Yes No

If YES, please list name(s) and your relationship:

EDUCATION

High School	Name	Address	Years Completed	Diploma
				<input type="checkbox"/> Yes <input type="checkbox"/> No

College	Name	Field of Study	Years Completed	Degree
				<input type="checkbox"/> Associates <input type="checkbox"/> Bachelors <input type="checkbox"/> Masters

Trade School	Name	Field of Study	Years Completed	Diploma
				<input type="checkbox"/> Yes <input type="checkbox"/> No

SKILLS & QUALIFICATIONS

Current Oklahoma Professional licensures, certifications or registrations: *(Check all that apply)*

- | | | |
|-------------------------------|-----------------------------------|---|
| <input type="checkbox"/> LPC | <input type="checkbox"/> LPC U/S | <input type="checkbox"/> ODMHSAS Certified BH Case Manager |
| <input type="checkbox"/> LADC | <input type="checkbox"/> LADC U/S | <input type="checkbox"/> ODMHSAS Certified Peer Recovery Support Specialist |
| <input type="checkbox"/> LMFT | <input type="checkbox"/> LMFT U/S | <input type="checkbox"/> CDA – Child Development Associate |
| <input type="checkbox"/> LCSW | <input type="checkbox"/> LCSW U/S | <input type="checkbox"/> Teacher Certification |
| <input type="checkbox"/> RN | <input type="checkbox"/> LPN | |

		Beginner	Average	Advanced	Expert
Computer and Software Skills	Rate your Computer Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Rate your "Word" Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Rate your "Excel" Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Rate your "Outlook" Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Are you bilingual? Yes No If YES, what other languages do you speak? _____

List any additional skills and abilities: _____

PROFESSIONAL REFERENCES

List three professional references who are not relatives or former supervisors:

Name	Address	Telephone #	Occupation	Years Known

EMPLOYMENT HISTORY

List all work experience beginning with your most recent employment first.

Employer's Name	Name of last supervisor	Start Date:
		End Date:
Address, City, State & Zip	Phone Number	Starting Salary:
		Ending Salary:
List the jobs duties performed and skills:		Last Job Title:
		Reason for leaving:

Employer's Name	Name of last supervisor	Start Date:
		End Date:
Address, City, State & Zip	Phone Number	Starting Salary:
		Ending Salary:
List the jobs duties performed and skills:		Last Job Title:
		Reason for leaving:

Employer's Name	Name of last supervisor	Start Date:
		End Date:
Address, City, State & Zip	Phone Number	Starting Salary:
		Ending Salary:
List the jobs duties performed and skills:		Last Job Title:
		Reason for leaving:

Employer's Name	Name of last supervisor	Start Date:
		End Date:
Address, City, State & Zip	Phone Number	Starting Salary:
		Ending Salary:
List the jobs duties performed and skills:		Last Job Title:
		Reason for leaving:

CERTIFICATION AND AUTHORIZATION

I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that, in the event of my employment by Palmer Continuum of Care, I shall be subject to dismissal if any information that I have given in this application is false or misleading or if I have failed to give any information herein requested, regardless of the time elapsed after discovery.

I authorize Palmer Continuum of Care to inquire into my educational, professional and past employment history references as needed to research my qualifications for this position. I hereby give my consent to any former employer to provide employment-related information about me to Palmer Continuum of Care and will hold Palmer Continuum of Care and my former employer harmless from any claim made on the basis that such information about me was provided or that any employment decision was made on the basis of such information. I further authorize Palmer Continuum of Care to conduct any and all personal background checks, including but not limited to, criminal history and related records.

I understand that nothing in this employment application, the granting of an interview or my subsequent employment with the Company is intended to create an employment contract between myself and the Company under which my employment could be terminated only for cause. On the contrary I understand and agree that, if hired; my employment will be terminable at will and may be terminated by me or Palmer Continuum of Care at any time and for any reason. I understand that no person has any authority to enter into any agreement contrary to the foregoing.

I agree to submit to a pre-employment drug screening.

If employed, I will be required to provide original documents which verify my identity and right to work in the United States under the Immigration Reform and Control Act (IRCA) of 1986. The document(s) provided will be used for completion of form I-9.

I hereby acknowledge that I have read and agree to the above statements.

Signature of Applicant

Date

All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity, gender expression, national origin, age, protected veteran, disabled status, or genetic information.