

Region Six Alcohol and Drug Treatment Center (RESADA)
11,000 County Rd GG.5 PO Box 162
Las Animas, Co 81054
(719) 456-2600

APPLICATION FOR EMPLOYMENT

PLEASE PRINT

Position Applying for: _____ Date _____

Last Name First Name Middle Name

Address _____
Street City State Zip Code

Telephone Number: _____

Have you ever filed an application for employment with us before? YES NO If yes, give date _____

Have you ever been employed with us before? Yes NO If yes, give date _____

Are you eligible for employment in this country based on a VISA or Immigration Status? YES NO
Proof of citizenship or immigration status will be required upon employment.

Are you currently employed YES NO May we contact your present employer? YES NO

Are you available to work: Full time YES NO Part Time YES NO Shift work YES NO

Can you travel if the job requires it? YES NO What date can you start work? _____

Have you been convicted of a misdemeanor within the past 10 years? Yes No Please explain:

Have you been convicted of a felony? Yes No If yes, please explain: _____

Do you have a history of alcohol/drug/and/or abuse? Yes No

If yes, what are the dates of your sobriety period? _____

Do you have any family members working for RESADA? Yes No Specify _____

Do you have a family member presently serving on our Board of Directors Yes No _____

Education	School Name/Address	Years Completed	Diploma/Degree
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High School	_____		
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College	_____		
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Certificates	_____		
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Other Training	_____		
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EMPLOYMENT EXPERIENCE
Start with your current or last job

Employer _____
NAME Address Phone
Job Title _____ Duties performed _____
Dates employed _____ Salary _____
From To Start Finish
Reason for leaving: _____

Employer _____
NAME Address Phone
Job Title _____ Duties performed _____
Reason for leaving: _____
Dates employed _____ Salary _____
From To Start Finish
Reason for leaving: _____

Employer _____
NAME Address Phone
Job Title _____ Duties performed _____
Dates employed _____ Salary _____
From To Start Finish
Reason for leaving: _____

REFERENCES

NAME ADDRESS PHONE

NAME ADDRESS PHONE

NAME ADDRESS PHONE

Additional Information: _____

By my signature below, I hereby certify that, to the best of my knowledge, information given herein is accurate and complete. Further, I authorize investigation of any or all statements contained in the application.

Applicant Signature

