

New Leaf Adolescent Care Inc.

IS AN EQUAL OPPORTUNITY EMPLOYER

It is the policy of New Leaf Adolescent Care, Inc. to provide employment

Opportunities without regard to race, color, religion, sex,

National origin, age, handicap, or veteran status.

APPLICATION FOR EMPLOYMENT

IMPORTANT: Please fill in your response above each line unless otherwise indicated. All answers must be printed or typed. Answers that are illegible

Or incomplete may prevent us from considering your application.

PERSONAL DATA

First Name	Middle	Last	Social Security Number
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Present Address In Full	City	State	Zip Code	Telephone
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Permanent Address (if different from above)	City	State	Zip Code	Telephone
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Are you legally authorized to work in the USA?	Visa Type If Available	Visa Number /Expiration Date?
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POSITION INFORMATION

Position Applied For:

Referral Source-

Advertisement (specify): _____ AD Number _____

Placement Firm (firm name): _____

School Placement Office (school name): _____

Other: _____

Are you willing to work any shift, including nights and weekends? _____

How soon following notification can you report? _____

Are you willing to relocate? _____

Have you ever been employed by the company? _____

If so, when? _____ Where? _____ Position? _____

Are any relatives, including in-laws, employed at the company? _____

If yes, give name, relationship, position, and location: _____

Have you EVER previously applied for employment at the company? _____

If so, when? (MO.) _____ (YR) _____

Have you previously been interviewed by the company? _____

If so, when? (MO.) _____ (YR.) _____ for what position? _____

SKILLS

Typing speed (words per minute) Shorthand (words per minute) Word Process/Office Programs Used

Indicate Experience in years and months for Each Area

Accounting _____

Bookkeeping _____

Payroll _____

Adding Machine _____

Statistics _____

Calculator _____

List Any Other Skills You Think May Be Of the Company, Such As Programming, Etc.

MISCELLANEOUS INFORMATION

Do you have a Valid Drivers License? ___ License #: _____ State: ___ Expiration Date: _____

Have you ever been convicted of or sentenced for any violation of the law? ___ If yes, give full particulars. (The existence of a criminal record does not constitute an automatic bar to employment):

MILITARY SERVICES AND STATUS

Branch of Service (if none, state none): _____ Military Occupation: _____

Length Of Active Duty (MO./YR.) _____ Rank At the Time Of Separation: _____

Date of Entry: ____/____/____ Date of Separation ____/____/____

PLEASE NOTE: FINAL PROCESSING PRIOR TO EMPLOYMENT WILL REQUIRE A REVIEW OF THE ORIGINAL OR A COPY OF YOUR MILITARY DISCHARGE, AND/OR A REVIEW OF YOUR DD FORM 214.

EMPLOYMENT HISTORY

IMPORTANT: STARTING WITH YOUR PRESENT OR MOST RECENT EMPLOYER, LIST IN CONSECUTIVE ORDER ALL EMPLOYMENT AND PERIODS OF UNEMPLOYMENT SINCE YOU GRADUATED FROM OR LAST ATTENDED HIGH SCHOOL. ADDITIONAL EMPLOYMENT MAY BE LISTED ON A SEPARATE PAGE (S) IF NECESSARY.

PRESENT OR MOST RECENT EMPLOYER

Full name of Company	Telephone	Salary-Beginning/ End	Employed-From/To
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Street Address	City	State	Zip Code
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Name & Title of Supervisor	Reason for Leaving
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Title of Position	Department
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Duties

PREVIOUS EMPLOYER

Full name of Company	Telephone	Salary-Beginning/ End	Employed-From/To
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Street Address	City	State	Zip Code
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Name & Title of Supervisor	Reason for Leaving
----------------------------	--------------------

Title of Position	Department
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PREVIOUS EMPLOYER

Full name of Company Telephone Salary-Beginning/ End Employed-From/To

Street Address City State Zip Code

Name & Title of Supervisor Reason for Leaving

Title of Position Department

Duties

OTHER EMPLOYMENT

List part-time employment while in school, including company name (s), & addresses. Dates of employment:

Are there any periods of unemployment and/or part-time since you graduated of last attended high school which are not listed above or on a separate sheet? _____

If yes, please explain: _____

Have you ever been suspended, placed on probation, asked to resign, discharged or terminated? _____

If yes, please explain: _____

EDUCATION

Name of schools/complete addresses	From-To	Years attended	Did you Graduate?	Degree, Diploma, Cert, Etc. Received	Major

List any scholarships, academic honors, and rewards of special achievements: _____

Yes No

In what languages other than English can you converse? _____ Fluent? ___ ___

_____ Fluent? ___ ___

_____ Fluent? ___ ___

REFERENCES

Name: _____ Years Known: _____

Relationship: _____

Home/Business Address: _____

Home/ Business Phone: _____

FOR OFFICE USE ONLY CONTINUE ON THE NEXT PAGE

REFERENCE CHECK

Person Contacted: _____

Phone Number: _____

Date: _____

1. How long have you known him/her? _____
 2. What was the nature of your relationship? _____
 3. How long did he work for the company? _____
 4. In your opinion, what are his/her strong points? _____
 5. Does he/she have any areas that need improvements? _____
 6. Did he/she get along with co-workers and supervisor? _____
 7. Did he/she have a problem with over use of sick time or tardiness? _____
 8. Did he/she complete assigned task on time and to standard? _____
 9. Is he/she eligible for rehire? _____
 10. Is there anything else we should know about him/her? _____
- _____
- _____

REFERENCES

Name: _____ Years Known: _____

Relationship: _____

Home/Business Address: _____

Home/ Business Phone: _____

FOR OFFICE USE ONLY CONTINUE ON THE NEXT PAGE

REFERENCE CHECK

Person Contacted: _____

Phone Number: _____

Date: _____

- 10. How long have you known him/her? _____
 - 11. What was the nature of your relationship? _____
 - 12. How long did he work for the company? _____
 - 13. In your opinion, what are his/her strong points? _____
 - 14. Does he/she have any areas that need improvements? _____
 - 15. Did he/she get along with co-workers and supervisor? _____
 - 16. Did he/she have a problem with over use of sick time or tardiness? _____
 - 17. Did he/she complete assigned task on time and to standard? _____
 - 18. Is he/she eligible for rehire? _____
 - 10. Is there anything else we should know about him/her? _____
- _____
- _____

REFERENCES

Name: _____ Years Known: _____

Relationship: _____

Home/Business Address: _____

Home/ Business Phone: _____

FOR OFFICE USE ONLY CONTINUE ON THE NEXT PAGE

REFERENCE CHECK

Person Contacted: _____

Phone Number: _____

Date: _____

- 19. How long have you known him/her? _____
- 20. What was the nature of your relationship? _____
- 21. How long did he work for the company? _____
- 22. In your opinion, what are his/her strong points? _____
- 23. Does he/she have any areas that need improvements? _____
- 24. Did he/she get along with co-workers and supervisor? _____
- 25. Did he/she have a problem with over use of sick time or tardiness? _____
- 26. Did he/she complete assigned task on time and to standard? _____
- 27. Is he/she eligible for rehire? _____
- 10. Is there anything else we should know about him/her? _____

APPLICANT’S CERTIFICATION AND AGREEMENT

I HEREBY CERTIFY that my answers to the foreign questions are true and complete and that I have not knowingly withheld any facts, circumstances or other information, which would, if disclosed, affect my application. I further understand that any false or misleading statement or omission of pertinent information will result in the rejection of my application, or dismissal if discovered subsequent to my employment.

I HEREBY AFFIRM that by execution of the application. I acknowledge that the Company has disclosed to me that an Investigation Consumer Report, including information as to my character, general reputation, personal characteristics, and mode of living may be made; and that I, upon written request to the Company made within a reasonable time after the date of this application, may obtain a complete and accurate disclosure of the nature and scope of the investigation requested.

I HEREBY AUTHORIZE the Company request, and I ALSO AUTHORIZE AND REQUEST each former employer, school attended, and each person, firm, corporation given as a reference above, to furnish at any time, any information which may be sought concerning me and my work habits, character or skill, and any other data required, whether in connection with a time period prescribed by the Company and as often as directed during employment.

I HEREBY AFFIRM that by submitting this application I agree to submit to medical evaluations and/or examinations, including tests for the presence of illegal drugs or alcohol, prior to and during employment, within a period prescribed by the Company and as often as directed during employment.

I HEREBY AUTHORIZE the medical examiner to disclose to the company any and all findings and conclusions arrived at any examinations performed prior to employment or during employment.

I UNDERSTAND that should I be given employment, such employment shall be for an indefinite period of time and may be terminated, at will at anytime, for any reason, by me or by the Company without notice or without liability whatsoever, except for unpaid wages or salary earned by termination. I further understand that only the President of the Company has the authority to enter into any agreement for employment for a specified period of time or to make any agreement contrary to this at will standard and that such agreement must be in writing.

I UNDERSTAND that if I am employed, the terms and conditions of my employment will be governed by this application and the Company’s Term’s of Employment and Policy and Procedures, as amended from time to time by the company.

The Company operates under the principles of affording equal opportunity through affirmative action for qualified handicapped individuals, qualified veterans of the Vietnam era and qualified disabled veterans.

All applicants and employees who believe themselves to be members of one or more of these groups, and who wish to identify themselves as such for purposes of affirmative action consideration are invited to do so.

Submission of this information is voluntary and refusal to provide it will not subject you to discharge or disciplinary treatment. Information obtained concerning individuals shall be kept confidential, except that (1) supervisors and managers may be informed regarding disabled veterans and handicapped individuals, as necessary, (2) first aid and safety personnel may be informed, when and to the extent appropriated, if the condition might require emergency treatment, and (3) governmental officials investigating compliance will be informed.

I wish to volunteer the following information (check one) I do not qualify

I do qualify under the following: Handicapped
 Vietnam Veteran
 Disabled Veteran

Signature: _____ **Date:** _____

Thank you for completing this application. It will remain under consideration for six months. It will not be necessary for you to reapply during this six-month period. Your interest in NEW LEAF ADOLESCENT CARE, INC is appreciated.