



APPLICATION FOR EMPLOYMENT

This application for employment is in compliance with Vitality Unlimited Policy and State of Nevada regulations. All perspective employees must have a thorough background check and fingerprints completed prior to starting work. Because of the time it takes to receive fingerprint results, you may have an interview and a potential offer of employment, which may be withdrawn if the fingerprint results disclose any record(s) that are deemed unacceptable for employment by Vitality Unlimited.

Date: _____

Name: _____
(Print) Last First Middle

Place of Birth: _____ Date of Birth: _____
month/date/year

Social Security: _____ Driver's License Number: _____

Telephone: _____ Cell Phone: _____

Present Address: _____
Number and Street City State Zip

How long have you lived here? From: _____ To: _____
Mo/Yr Mo/Yr

Previous Address: _____
Number and Street City State Zip

How long have you lived there? From: _____ To: _____
Mo/Yr Mo/Yr

Position Desired: _____ [] Part time [] Full time

Location: [] Elko [] Vitality Center [] CCBHC
[] Carson City [] Vitality Center [] CCBHC
[] Vitality Veterans
[] Reno CCBHC
[] Dayton CCBHC

Have you worked for this company before? [] No [] Yes

If yes, please give dates and position and location of facility and reason for leaving:

Have you ever used another name? No [] Yes []

List names used: _____

Is any additional information relative to change of name, such as use of an assumed name, necessary to enable a check on your work and educational record? No [] Yes [] If yes, please explain:

EDUCATION:

School Name	Years Completed	Diploma/Degree	Describe Specialized Training, Experience, Skills and Extra-Curricular Activities
High School			
College/University			
Graduate			
Trade Correspondence			
Other:			

Please indicate any experience, special training and qualifications that you have which you feel are relevant to the position for which you are applying. _____

SOCIAL:

Do you have adequate transportation to and from work? No [] Yes [] _____

Are you willing to be flexible with work hours as may be needed to provide coverage or services to the consumers we serve? No [] Yes []

EMPLOYMENT:

Directions: Please list the names of your present or previous employers in chronological order with most recent employer listed first. Be sure to account for all periods of time including military service and any period of unemployment. If self-employed, give firm name and supply business references.

Present / Last Employer: Address (City, State, Zip Code): Phone:	From: (mo/yr) To: (mo/yr)	Pay: Start \$ Final \$	Your Title or Position: Name and Title of Last Supervisor:	Exact Reason for Leaving:
Present / Last Employer: Address (City, State, Zip Code): Phone:	From: (mo/yr) To: (mo/yr)	Pay: Start \$ Final \$	Your Title or Position: Name and Title of Last Supervisor:	Exact Reason for Leaving:
Present / Last Employer: Address (City, State, Zip Code): Phone:	From: (mo/yr) To: (mo/yr)	Pay: Start \$ Final \$	Your Title or Position: Name and Title of Last Supervisor:	Exact Reason for Leaving:
Present / Last Employer: : Address (City, State, Zip Code): Phone:	From: (mo/yr) To: (mo/yr)	Pay: Start \$ Final \$	Your Title or Position: Name and Title of Last Supervisor:	Exact Reason for Leaving:

[Use an additional page if necessary]

Please explain fully any gaps in your employment history:

Have you ever been terminated or asked to resign from any job? [] No [] Yes

If yes, please explain circumstances:

May we contact your current employer? No [] Yes [] If No, please explain:

PROFESSIONAL REFERENCES:

Please list former employers, supervisors, co-workers -- **not** relatives

Name	Occupation	Address Street, City & State	Phone Number	Number of Years Known

If you are applying for a “CLINICAL” position, please complete below:

Clinical Degree	License Number	State of Issue	Expiration Date

LEGAL:

Have you ever been arrested for; charged with, plea bargained or convicted of a:

Felony? No [] Yes [] If yes, please give the date(s) and details:

Misdemeanor or gross misdemeanor? No [] Yes [] If yes, please give the date(s) and details:

Sexual crime? No [] Yes [] If yes, please give the date(s) and details:

Child Abuse ? No [] Yes [] explain:

Domestic Violence? No [] Yes [] explain:

Abuse of the Elderly? No [] Yes [] explain:

Are you currently on probation No [] Yes [] or parole? No [] Yes [] for how long? _____

If yes, please give the reason for probation or parole, the crime(s), the state in which you were placed on probation or parole:

Have you been arrested for any offenses for which you are out on bail, your own recognizance or pending trial? No [] Yes [] If yes, please give the date(s) and details:

Have you ever had a problem with substance abuse/addiction? No [] Yes [] If so, how long have you been in recovery?

If you are in recovery, do you maintain abstinence from alcohol and other mood-altering substances? No [] Yes [] explain:

PHYSICAL:

How many days of work have you missed in the last three years due to reasons other than paid holidays and vacation?

Year _____ No. of days _____; Year _____ No. of days _____; Year _____ No. of days _____

Are you capable of satisfactorily performing the essential job duties required of the position for which you are applying? No [] Yes []

This application will be considered active for a maximum of six (6) months. If you wish to be considered for employment after that time, you must reapply.

I certify that all of the information that I have provided on this application is true and accurate.

Print Name: _____

Signature: _____

Date: _____