



APPLICATION FOR EMPLOYMENT

This application for employment is in compliance with Vitality Unlimited policies and all state and federal regulations. All prospective 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of the time it takes to receive fingerprint results, you may be given a conditional offer of employment, which may be withdrawn if the fingerprint results disclose any record(s) that are deemed unacceptable for employment by Vitality Unlimited.

Today's Date: _____

Name: _____
(LAST) (FIRST) (MIDDLE)

Phone: _____ **Email address:** _____

Current Address: _____
(STREET/PO BOX #) (CITY/STATE) (ZIP)

How long at current address? _____
(DATE MO/YR - FROM) (DATE MO/YR - TO)

Previous Address: _____
(STREET/PO BOX #) (CITY/STATE) (ZIP)

How long at previous address? _____
(DATE MO/YR - FROM) (DATE MO/YR - TO)

Are you at least 18 years of age or older? No Yes

For the purpose of conducting reference and background checks, verification of education background, please list any other names that you have used. Include legal name changes, alias, assumed name, etc. (If none, write 'N/A'):

Position Applying For: _____

- Desired 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 Part time Full time

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

EDUCATION:

School Name	How Many Years Completed?	Diploma/Degree Obtained	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 which you feel are relevant to the position for which you are applying:

SOCIAL:

Do you have transportation to and from work? No Yes

Are you willing to be flexible with work hours to provide coverage or services to the consumers we serve, including days, nights, holidays and weekends? No Yes

If there are any days or hours that you are unable to work, please list here, otherwise mark 'N/A':

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 _____

EMPLOYMENT:

Directions: Please list the names of your present or previous employers, in chronological order, with the 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, provide firm name and supply business references.

Present/Last Employer: Address (City, State, Zip): Phone:	From: (mo/yr) To: (mo/yr)	Pay: Start \$ Final \$	Your Title or Position: Name and Title of Last Supervisor:	Exact Reason for Leaving:
Previous Employer: Address (City, State, Zip): Phone:	From: (mo/yr) To: (mo/yr)	Pay: Start \$ Final \$	Your Title or Position: Name and Title of Last Supervisor:	Exact Reason for Leaving:
Previous Employer: Address (City, State, Zip): Phone:	From: (mo/yr) To: (mo/yr)	Pay: Start \$ Final \$	Your Title or Position: Name and Title of Last Supervisor:	Exact Reason for Leaving:
Previous Employer: Address (City, State, Zip): 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 DO NOT indicate 'See Resume'. All fields must be completed in their entirety.)

Please explain 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: _____

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

Clinical Degree	License Number	State of Issue	Expiration

PROFESSIONAL REFERENCES - Please list former employers, supervisors, co-workers -- not relatives:

Name of Reference – First and Last name	Occupation	Address	Phone Number	Number of Years Known

Are you able to perform the essential job duties required of the position for which you are applying, with or without reasonable accommodation? No Yes

EEO (Equal Employment Opportunity)

Vitality Unlimited provides equal employment opportunities to all employees and applicants for employment and prohibits discrimination and harassment of any type without regard to race, color, religion, age, sex, national origin, disability status, genetics, protected veteran status, sexual orientation, gender identity or expression, or any other characteristic protected by federal, state or local laws.

This policy applies to all terms and conditions of employment, including recruiting, hiring, placement, promotion, termination, layoff, recall, transfer, leaves of absence, compensation and training.

ACKNOWLEDGEMENT:

This application will be kept active for a maximum of six (6) months. If you wish to be considered for employment after six months from the date of this application, you must reapply.

I certify that all information that I have provided on this application is true and accurate to the best of my knowledge. Any intentional falsification or omission of information could result in disciplinary action, up to and including termination.

PRINT NAME

DATE

SIGNATURE