CORTNEY'S PLACE

SERVING ADULTS WITH INTELLECTUAL & DEVELOPMENTAL DISABILITIES

7000 E. Shea Blvd. Ste 1430
Scottsdale, AZ 85254
CortneysPlace.org
480.419.5852

EMPLOYMENT APPLICATION

APPLICANT NAME (Last, First, M.I.)			
RESIDENTIAL ADDRESS:	**CITY**	**STATE**	**ZIP**
MAILING ADDRESS IF DIFFERENT:	**CITY**	**STATE**	**ZIP**

CELL PHONE NUMBER:	**HOME/OTHER PHONE:**	**EMAIL ADDRESS**

EMERGENCY CONTACT INFORMATION

EMERGENCY CONTACT: NAME	**RELATIONSHIP:**	**PHONE NUMBER:**

EMPLOYMENT POSITION INFORMATION

POSITION DESIRED:	**FULL TIME / PART TIME / TEMP**	**AVAILABLE START DATE:**	**REFERRED BY:**

EMPLOYMENT HISTORY

PREVIOUS EMPLOYERS: NAME	DATES OF EMPLOYMENT: START DATE - END DATE OR PRESENT	REASON FOR LEAVING

MAY WE CONTACT THE EMPLOYERS LISTED ABOVE?

EDUCATION HISTORY

EDUCATIONAL HISTORY	YEARS ATTENDED: START DATE - END DATE OR PRESENT)	DID YOU GRADUATE?
HIGH SCHOOL		
COLLEGE		
OTHER		

SKILLS / QUALIFICATIONS

SPECIAL SKILLS OR TRAINING:

CERTIFICATIONS OR QUALIFICATIONS:

ARE YOU AT LEAST 18?	**ARE YOU AT LEAST 21?**	**ARE YOU AUTHORIZED TO WORK IN THE US?**

DO YOU HAVE A VALID ARIZONA DRIVERS LICENSE?

DO YOU HAVE 39 MONTHS DRIVING EXPERIENCE WITH A CLEAR RECORD? IF NO, LIST VIOLATIONS:

ACKNOWLEDGEMENT

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified periods of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

X _____
APPLICANT SIGNATURE

_____
DATE SIGNED