



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				
<p>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.</p> <p>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.</p>				
X _____		_____		
APPLICANT SIGNATURE		DATE SIGNED		