



2475 N. Jackrabbit Ave. Tucson, AZ 85745
 (520) 882-5608 fax – (520) 882-5676
 www.compasshc.org

APPLICATION FOR EMPLOYMENT

Compass Behavioral Health Care (CBHC) is an Equal Employment Opportunity employer. We are committed to providing equal opportunity in all employment related activities without regard to race, color, religion, sex, sexual orientation, national origin, age, disability, veteran status, or any other characteristics protected under State or Federal Law.

(PLEASE PRINT)

PERSONAL INFORMATION

NAME (LAST, NAME FIRST)			EMAIL ADDRESS:	
PRESENT ADDRESS	APT NO.	CITY	STATE	ZIP
PERMANENT ADDRESS	APT NO.	CITY	STATE	ZIP
PHONE	ARE YOU 21 YEARS OR OLDER? YES <input type="checkbox"/> NO <input type="checkbox"/>	DO YOU HAVE A VALID DRIVERS LICENSE? YES <input type="checkbox"/> NO <input type="checkbox"/> To qualify for coverage under our vehicular insurance you must have no DUI 'S and no more than 3 moving violations within the past 5 (five) years. DO YOU QUALIFY? YES <input type="checkbox"/> NO <input type="checkbox"/>		

DESIRED EMPLOYMENT

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED NOW? YES <input type="checkbox"/> NO <input type="checkbox"/>	IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>	
HAVE YOU EVER APPLIED AT COMPASS BEHAVIORAL HEALTH CARE BEFORE? YES <input type="checkbox"/> NO <input type="checkbox"/>	WHERE?	WHEN?
HAVE YOU EVER WORKED FOR COMPASS BEHAVIORAL HEALTH CARE BEFORE? YES <input type="checkbox"/> NO <input type="checkbox"/>	WHERE?	WHEN?
REASON FOR LEAVING		
NAME OF LAST SUPERVISOR AT COMPASS BEHAVIORAL HEALTH CARE:		
WHO REFERRED YOU TO COMPASS BEHAVIORAL HEALTH CARE?		
<input type="checkbox"/> EMPLOYMENT AGENCY <input type="checkbox"/> NEWSPAPER <input type="checkbox"/> WALK-IN <input type="checkbox"/> EMPLOYEE Name _____ <input type="checkbox"/> STATE EMPLOYMENT OFFICE <input type="checkbox"/> COLLEGE PLACEMENT SERVICE <input type="checkbox"/> OTHER _____		

EDUCATION

SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	NO. OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

FORMER EMPLOYERS

LIST BELOW YOUR LAST SEVEN YEARS OF EMPLOYMENT, STARTING WITH THE MOST RECENT (ATTACH AN ADDITIONAL PAGE IF NECESSARY)

NAME OF PRESENT OR LAST EMPLOYER			
ADDRESS		CITY	STATE ZIP
STARTING DATE	LEAVING DATE	JOB TITLE	
HOURLY / ANNUAL STARTING SALARY	HOURLY / ANNUAL FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR? YES <input type="checkbox"/> NO <input type="checkbox"/>	
NAME OF SUPERVISOR		TITLE	PHONE
DESCRIPTION OF WORK			
REASON FOR LEAVING			

NAME PREVIOUS EMPLOYER			
ADDRESS		CITY	STATE ZIP
STARTING DATE	LEAVING DATE	JOB TITLE	
HOURLY / ANNUAL STARTING SALARY	HOURLY / ANNUAL FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR? YES <input type="checkbox"/> NO <input type="checkbox"/>	
NAME OF SUPERVISOR		TITLE	PHONE
DESCRIPTION OF WORK			
REASON FOR LEAVING			

NAME PREVIOUS EMPLOYER			
ADDRESS		CITY	STATE ZIP
STARTING DATE	LEAVING DATE	JOB TITLE	
HOURLY / ANNUAL STARTING SALARY	HOURLY / ANNUAL FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR? YES <input type="checkbox"/> NO <input type="checkbox"/>	
NAME OF SUPERVISOR		TITLE	PHONE
DESCRIPTION OF WORK			
REASON FOR LEAVING			

ADDITIONAL INFORMATION

<p><u>Other Qualifications</u> Summarize special job-related skills and qualifications acquired from employment or other experience.</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
--



EMPLOYMENT VERIFICATION

APPLICANT

RELEASE OF INFORMATION AUTHORIZATION: I authorize the release of information to Compass Behavioral Health Care requested on this form concerning my 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.

Applicant's Signature _____ Date _____

Applicant's Name _____ Date ___/___/___

Former Employer _____ Phone: (_____) _____

Address: _____ City: _____ State: _____ Zip _____

Contact Person: _____ Title: _____

Please fill out the following.

1. Was applicant employed by your company? ____ YES ____ NO From _____ To _____

2. Starting position _____ Last position held _____

3. What was the nature of work and job responsibilities?

4. Please rate applicant in the following areas. (Check appropriate box.)

	Outstanding	Very Good	Good	Improvement Needed	Unsatisfactory
Attendance					
Cooperative					
Initiative					
Productivity					
Knowledge					
Quality of Work					

5. What would you consider to be applicant's strong points? _____
 Weak points? _____

6. Would you rehire this person? ____ yes ____ no Why? _____

7. What was person's reason for leaving? _____

8. Do you have additional comments? _____

Verified by: _____ Date _____
 Signature & Title

PLEASE FAX TO 520-617-0209 Human Resources Compass Behavioral Health Care, Inc.



EEO APPLICANT DATA FORM

Compass Behavioral Health Care (CBHC) is an Equal Employment Opportunity employer. We are committed to providing equal opportunity in all employment related activities without regard to race, color, religion, sex, sexual orientation, national origin, age, disability, veteran status, or any other characteristics protected under State or Federal Law. CBHC recognizes its affirmative action responsibilities with respect to gender, minorities, individuals with disabilities, and eligible veterans. Under affirmative action, we are required to collect and report information to Federal agencies. **Responses to this form are considered VOLUNTARY and the information you provide will be kept confidential and separate from your application for employment. Your cooperation is appreciated.**

General Information	<p>Name: _____ <div style="display: flex; justify-content: space-around; width: 100%;"> Last First Middle Initial </div> </p> <p>Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>Position for which you are applying: _____</p> <p>Referral Source(s): _____</p>
Disability	<p>Do you have a disability (<i>defined as an impairment that substantially limits one or more major life activities</i>)?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
Race/ Ethnic Classification	<p><input type="checkbox"/> Hispanic or Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.</p> <p><input type="checkbox"/> White (Not Hispanic or Latino) - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.</p> <p><input type="checkbox"/> Black or African American (Not Hispanic or Latino) - A person having origins in any of the black racial groups of Africa.</p> <p><input type="checkbox"/> Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.</p> <p><input type="checkbox"/> Asian (Not Hispanic or Latino) - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.</p> <p><input type="checkbox"/> American Indian or Alaska Native (Not Hispanic or Latino) - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.</p> <p><input type="checkbox"/> Two or More Races (Not Hispanic or Latino) - All persons who identify with more than one of the above five races.</p>
Veterans Status	<p>Please check all statements which apply to your current status.</p> <p><input type="checkbox"/> Disabled Veteran - I have a disability that entitles me to Veterans' Administration disability compensation; or was discharged or released from active military duty because of a disability incurred or aggravated in the line of duty.</p> <p><input type="checkbox"/> VIETNAM ERA VETERAN: I served more than 180 days on active duty with on of the United States Armed Forces in the Republic of Vietnam between August 5, 1964 through May 7, 1975; and was discharged or released with any discharge other than dishonorable or was discharged or released from active duty because of a service-connected disability.</p> <p><input type="checkbox"/> Armed Forces Service Medal Veteran - I served more than 180 days on active duty with on of the United States Armed Forces in the Republic of Vietnam between August 5, 1964 through May 7, 1975; and was discharged or released with any discharge other than dishonorable or was discharged or released from active duty because of a service-connected disability.</p> <p><input type="checkbox"/> Other Protected Veteran - I served in the military, ground, naval or air service of the United States on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized.</p> <p><input type="checkbox"/> None of the Above</p>