

CCRC, INC
P.O. BOX 158
BRIMHALL, NM 87310
(505) 735-2261

APPLICATION FOR EMPLOYMENT

POSITION(S) APPLYING FOR:	DATE:
---------------------------	-------

PERSONAL

LAST NAME,	FIRST NAME	MIDDLE INITIAL
STREET ADDRESS		HOME TELEPHONE ()
CITY, STATE, ZIP		BUSINESS TELEPHONE ()
CHECK ONE MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	DR. LIC. # _____ STATE: _____	S.S#: _____ CENSUS#: _____
HEIGHT _____ WEIGHT _____	LANGUAGE SPOKEN ENGLISH() NAVAJO() OTHER: _____	ARE YOU WILLING TO SUBMIT A PHYSICAL EXAMINATION? _____
MILITARY SERVICE RECORD BRANCH OF SERVICE: _____ DATE ENTERED: _____ DATE DISCHARGED: _____		
PART OF YOUR WORK WILL REQUIRE DRIVING: DO YOU HAVE ANY HISTORY OF DWI/DUI CONVICTIONS WITHIN THE PAST FIVE YEARS? : _____		
HAVE YOU EVER BEEN CONVICTED OF A FELONY? : _____		
PART OF YOUR WORK WILL REQUIRE LIFTING OF CLIENTS. DO YOU HAVE ANY PHYSICAL LIMITATIONS THAT WOULD PRECLUDE YOU FROM LIFTING IN EXCESS OF 30lbs. AS A WORK REQUIREMENT? : _____ IF YES EXPLAIN: _____		

EDUCATION

EDUCATION	HIGH SCHOOL	COLLEGE	GRADUATE
SCHOOL NAME/LOCATION			
GRADE/YEARS COMPLETED	9 10 11 12	1 2 3 4	1 2 3 4
FIELD OF STUDY			
DATE OF GRADUATION			

OTHER SCHOOLS OR TRAINING (TRADE, VOCATIONAL, ARMED FORCES, BUSINESS, ETC.)

NAME: LOCATION OF SCHOOL	YEARS COMPLETED	COURSES TAKEN

LIST ANY OTHER TRAINING YOU HAVE RECEIVED: _____

IN CASE OF EMERGENCY NOTIFY: _____

Name

Telephone

Address

Relationship

EMPLOYMENT HISTORY

DATES OF EMPLOYMENT FROM: _____ TO: _____	NAME/ADDRESS OF EMPLOYER	POSITION/DESCRIPTION OF WORK
RATE OF PAY: \$	SUPERVISOR:	REASON FOR LEAVING:
DATES OF EMPLOYMENT FROM: _____ To: _____	NAME/ADDRESS OF EMPLOYER	POSITION/DESCRIPTION OF WORK
RATE OF PAY: \$	SUPERVISOR:	REASON FOR LEAVING:
DATES OF EMPLOYMENT FROM: _____ TO: _____	NAME/ADDRESS OF EMPLOYER	POSITION/DESCRIPTION OF WORK
RATE OF PAY: \$	SUPERVISOR:	REASON FOR LEAVING:
DATES OF EMPLOYMENT FROM: _____ TO: _____	NAME/ADDRESS OF EMPLOYER	POSITION/DESCRIPTION OF WORK
RATE OF PAY: \$	SUPERVISOR:	REASON FOR LEAVING:

PLEASE PROVIDE THREE PERSONAL REFERENCES OF PERSON NOT DIRECTLY RELATED TO YOU.

NAME	ADDRESS	PHONE NUMBER

I HEREBY AUTHORIZE THE COYOTE CANYON REHABILITATION CENTER, INC. TO VERIFY THE INFORMATION GIVEN IN THIS APPLICATION IF FALSE MAY RESULT IN THIS APPLICATION NOT BEING ACCEPTED OR, IF EMPLOYED BY CCRC MAY RESULT IN TERMINATION OF EMPLOYMENT.

ALL PERSONS AND ORGANIZATIONS ARE RELEASED FROM ANY LIABILITY, WHATSOEVER, FOR PROVIDING SUCH INFORMATION AS REQUESTED BY COYOTE CANYON REHABILITATION CENTER, INC. IN CONNECTION WITH THIS APPLICATION FOR EMPLOYMENT.

SIGNATURE: _____ DATE: _____