



COMMUNITY COUNSELING AND CORRECTIONAL SERVICES, INC.
471 EAST MERCURY
BUTTE, MONTANA 59701
(406)782-0417, Fax (406) 782-6964
www.cccscorp.com

APPLICATION FOR EMPLOYMENT

It is the policy of the company to provide equal opportunity with regard to all terms and conditions of employment. The company complies with federal and state laws prohibiting discrimination on the basis of race, color, religion, creed, national origin, disability, veteran status, age or any other protected characteristic.

NAME _____

PHONE _____

ADDRESS _____

CITY/STATE/ZIP _____

POSITION APPLIED FOR _____ SHIFT PREFERRED: 1 2 3 Any

Would you accept full-time work? YES NO Would you accept part-time work? YES NO

Have you ever been employed here before? YES NO Dates: _____

Do you have a legal right to be employed in the U.S.? YES (If yes, proof is required.) NO

Are you of legal age to work? YES NO

On what date would you be available for work? _____

CRIMINAL OFFENSES

HAVE YOU EVER BEEN CONVICTED OF A LAW VIOLATION, MISDEMEANOR OR FELONY, OR ARE YOU CURRENTLY CHARGED WITH ANY CRIME AWAITING DISPOSITION*

YES NO

*A Conviction record will not necessarily be a bar to employment. You should not include information concerning convictions that have been dismissed, expunged or sealed.

IF YES, PLEASE EXPLAIN AND STATE CHARGE(S), COURT, DATE, AND DISPOSITION OF CASE(S) FOR EACH VIOLATION _____

HAVE YOU EVER BEEN ACCUSED OF, IN A CIVIL MATTER OR BEEN A DEFENDANT IN A LAWSUIT INVOLVING NEGLIGENCE, NEGLECT OR ABUSE (e.g. PHYSICAL/SEXUAL), WITH REGARD TO A PERSON IN YOUR CARE?

YES NO

IF YES, PLEASE EXPLAIN _____

DO YOU HAVE A VALID DRIVER LICENSE FOR THIS STATE? ** YES NO

IF NO, CAN YOU ACQUIRE A DRIVER LICENSE FOR THIS STATE IF REQUIRED? ** YES NO

**Absence of a driver license is not a bar to employment, except in positions that may require the transporting of clients in emergencies or as an essential function of the job.

Grammar School:

Name and location _____

Course of study _____ Did you Graduate? YES NO Degree or diploma _____

High School:

Name and location _____

Course of study _____ Did you Graduate? YES NO Degree or diploma _____

College:

Name and location _____

Course of study _____ Did you Graduate? YES NO Degree or diploma _____

Graduate School:

Name and location _____

Course of study _____ Did you Graduate? YES NO Degree or diploma _____

Vocational, or other training:

Name and location _____

Course of study _____ Did you Graduate? YES NO Degree or diploma _____

Continuing Education: _____

EMPLOYMENT HISTORY: PLEASE FILL OUT COMPLETELY. LIST PRESENT (OR MOST RECENT) EMPLOYER FIRST AND INCLUDE MILITARY, VOLUNTEER EXPERIENCE, IF APPLICABLE. PLEASE USE ADDITIONAL SHEETS IF NECESSARY.

HAVE YOU EVER BEEN DISCIPLINED, FIRED OR ASKED TO RESIGN FROM A JOB BECAUSE OF NEGLIGENCE, NEGLECT, ABUSE, (e.g. PHYSICAL/SEXUAL) OR ANY VIOLATION.

IF YES, PLEASE EXPLAIN _____

HAVE YOU EVER BEEN DISCHARGED OR ASKED TO RESIGN IN LIEU OF DISCHARGE FOR ANY OTHER REASON (EXCLUDING LAY-OFF)?

YES NO

IF YES, PLEASE EXPLAIN _____

Place an by the employer(s) you do not want us to contact. List the most recent employer first.

1. Company Name _____ Phone() _____
Address _____ Employed From ____/____ To ____/____
Position _____ Reason for Leaving _____ Wage _____

Contact Name _____

2. Company Name _____ Phone() _____
Address _____ Employed From ____/____ To ____/____
Position _____ Reason for Leaving _____ Wage _____

Contact Name _____

3. Company Name _____ Phone() _____
Address _____ Employed From ____/____ To ____/____
Position _____ Reason for Leaving _____ Wage _____

Contact Name _____

4. Company Name _____ Phone() _____
Address _____ Employed From ____/____ To ____/____
Position _____ Reason for Leaving _____ Wage _____

Contact Name _____

5. Company Name _____ Phone() _____
Address _____ Employed From ____/____ To ____/____
Position _____ Reason for Leaving _____ Wage _____

Contact Name _____

LICENSURE CREDENTIAL & CERTIFICATION

LIST ALL LOCAL AND OUT-OF STATE CERTIFICATIONS AND/OR CREDENTIALS NOW HELD.

TYPE OF LICENSE, CREDENTIAL OR CERTIFICATION	ISSUING STATE OR ORGANIZATION	DATE ISSUED	DATE EXPIRED

HAS YOUR CREDENTIAL, LICENSE OR CERTIFICATION EVER BEEN SUSPENDED OR REVOKED?

YES NO

IF YES, PLEASE EXPLAIN _____

ADDITIONAL INFORMATION

POSITION	DATES	HRS. PER WEEK	LOCATION	CONTACT

ARE THERE ANY SKILLS OR QUALIFICATIONS WHICH YOU FEEL WOULD ESPECIALLY QUALIFY YOU FOR THIS POSITION? _____

I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED, AND IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME.

IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE COMPANY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE, OTHER THAN ITS PRESIDENT, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE PRESIDENT, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING.

Applicant's Signature _____ Date _____

AFFIRMATIVE ACTION

EQUAL EMPLOYMENT OPPORTUNITY FORM

Explanation: This is a voluntary, confidential form that is kept separate from your application. Community, Counseling, and Correctional Services, Inc., as a federal contractor, uses this procedure for obtaining applicant flow information. This flow information is analyzed to determine if our selection process assured equal employment opportunity. We ask your cooperation in providing the following information and returning to: The Corporate Office, 471 East Mercury St., Butte, MT 59701.

Position Applied For: _____ Gender: Male Female

Name: _____ Social Security Number: _____
(Last) (First) (Middle)

Address: _____ Date of Birth: _____
(Street) (City) (State) (Zip Code) (MM/DD/YY)

Federal and state laws prohibit discrimination on the basis of race, color, sex, national origin, creed, religion, age, disability, political affiliation, or marital status.

U.S. Citizen? Yes No Please check one of the following EEO Categories:

If no, indicate Visa Type: _____
Expiration Date: _____

or Permanent Residency No: _____

Other (Please Specify): _____

- Black (Non-Hispanic)
- Hispanic
- Asian or Pacific Islander
- American Indian or Alaskan Native
- White (Non-Hispanic)
- Other (Please Specify) _____

Veteran: _____ Yes _____ No

Check all that apply

Disabled Veteran: _____ Yes _____ No

Vietnam Era Veteran: _____ Yes _____ No

Other Protected Veteran: _____ Yes _____ No

Disabled Person*: _____ Yes _____ No

Community, Counseling, and Correctional Services, Inc., recognizes its obligation to provide reasonable accommodations to its employees on account of disability within the budget limitations.

Definition of a disabled person: Any person who has a physical or mental impairment which substantially limits one or more major life activities, has a record of such an impairment, or is regarded as having such an impairment. "Major life activities" means functions such as caring for one's self, performing manual tasks, seeing, hearing, speaking, breathing, learning, and working.

How Did You Learn of this Opening?

- Newspaper Advertisement
- Posted Notice
- Employment Agency
- Employee Referral
- Personal Contact within Department
- Job Service
- Other (please specify) _____

