



**Freedom Work Opportunities, Inc.**  
“FREEDOM to WORK with OPPORTUNITES to excel.”

## Employment Application

**Attention: Applicants**

It is the policy of the Company to maintain a drug and alcohol free environment, to protect Company property and assets, maintain favorable public image, consumers’ safety and to ensure efficient operation.

Please note that if you are considered to be a qualified applicant for any position within our company following our interview process, you will be required to successfully complete a substance screen, per the Company’s policies and procedures, in order to be eligible for employment. The screening will be at the applicant’s expense and must be done at the testing site designated by the employer.

An applicant who refuses to submit to the substance screen shall be in default of the Company’s hiring process, and the employment opportunity shall automatically be withdrawn; applicant may not reapply for employment for twelve months following their refusal to comply the Company’s policy.

### Section I: Equal Employment Opportunity Employer

Freedom Work Opportunities, Inc. is an equal opportunity employer. It is the policy of this organization not to discriminate on the basis of race, sex, religion, national origin, marital status, age, weight, height, color, disability or veteran status in the hiring process, promotion, compensation or discipline of employees.

We will not discriminate against a person’s disability under the Americans with Disabilities Act in regard to employment practices or terms, conditions, and privileges of employment.

### Section II: Applicant’s Personal Information

Name: \_\_\_\_\_

(please print)                      First                                      Middle Initial                                      Last

Present Address: \_\_\_\_\_

(please print)                      Number                                      Street

\_\_\_\_\_                      City                                      State                                      Zip Code

Phone: (        )                      -                                      Alternate/Cell: (        )                      -

Social Security Number: XXX-XX-\_\_\_\_\_ (last four digits please)

Position applied for: \_\_\_\_\_

Are you 18 years of age or older? [    ] Yes [    ] No

Can you perform the duties of the job for which you are applying for with or without accommodations? [    ] Yes [    ] No

If no, please explain: \_\_\_\_\_

Section II Continued

Do you have any relatives or a spouse employed by this organization? [ ] Yes [ ] No

If yes, please provide names: \_\_\_\_\_

Have you ever been convicted of a crime? [ ] Yes [ ] No

(Answering "yes" to this inquiry will not automatically disqualify you.)

Are there any pending felony charges against you? [ ] Yes [ ] No

(Answering "yes" to this inquiry will not automatically disqualify you.)

Have you ever worked for this organization in the past? [ ] Yes [ ] No

If yes, please note if you worked under a different name at that time, in order to aid us in checking work records: \_\_\_\_\_

If the position for which you are applied requires you to drive while on duty, do you have a valid driver's license? [ ] Yes [ ] No

**Section III: Availability and Interests in Work**

Are you interested in full-time or part-time work? [ ] Full-Time [ ] Part-Time

On which days are you available to work?

[ ] Monday [ ] Tuesday [ ] Wednesday [ ] Thursday [ ] Friday

Are you able to work between the hours of 8:15am – 4:15pm? [ ] Yes [ ] No

If no, what hours are you available: \_\_\_\_\_

On what date are you available to start work? \_\_\_\_\_

**Section IV: Education**

High School: \_\_\_\_\_  
Name Street, City & State

Did you graduate? [ ] Yes [ ] No

If no, do you have a G.E.D.? [ ] Yes [ ] No

Additional education, such as College/Business, Trade or Professional School (please list):

1.) \_\_\_\_\_  
Name Street, City, State

Did you graduate? [ ] Yes [ ] No

If yes, what degree(s) or certificate(s) did you obtain? \_\_\_\_\_

2.) \_\_\_\_\_  
Name Street, City, State

Did you graduate? [ ] Yes [ ] No

If yes, what degree(s) or certificate(s) did you obtain? \_\_\_\_\_

**Section V: Employment History (Please start with the most recent employer)**

Company Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_ Employment Dates (month/year)  
\_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Position Title: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_

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Company Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
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Position Title: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_

May we contact your current supervisor or manager?  Yes  No  
If no, why? \_\_\_\_\_  
If yes, who should we call? \_\_\_\_\_  
Name Title Phone

Have any of your previous employers served persons funded through a community mental health (CMH) entity?  Yes  No  
If yes, which CMH entities were involved? \_\_\_\_\_

May we contact the employers and CMH entities that you listed above to determine whether you have ever had a recipient rights violation substantiated against you?  
 Yes  No

**Section VI: References**

Give the names of two (2) personal references from persons not related to you, whom you have known at least one (1) year:

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Years known: \_\_\_\_\_

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Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Years known: \_\_\_\_\_

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Section VI Continued

Give the names of two (2) professional references from supervisors, managers, or executive directors for whom you have worked:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Years known: \_\_\_\_\_

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Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Years known: \_\_\_\_\_

**Section VII: Certifications & Credentials**

Have you ever received any additional training from any Community Mental Health entity? [ ] Yes [ ] No

If yes, please list from which CMH entity and what types of training:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Section VIII: Consent**

I hereby give you my permission to contact the above employers, references, and educational, licensing, credentialing and certification institutions to verify the items I listed above. I hereby release Freedom Work Opportunities, Inc. and the above referenced organizations, reference persons and employers from all claims, liability and damages that may result from furnishing the information to you. I consent to releasing any information relating to my job performance which is documented in my personnel file. In the event that a prior employer or other organization is obligated to provide any written notice to me regarding the disclosure of information to Freedom Work Opportunities, Inc., I hereby waive that obligation and expect no written notice of disclosure of my personal information.

I also understand that because of the nature of my job and licensing requirements, I hereby consent to the release of this application or portions of this application to representatives of the Department of Human Services, Department of Community Health, local community mental health entities or other governmental agencies or private agencies, for all licensing and investigatory purposes and to verify information I have listed in this job application. I hereby release Freedom Work Opportunities, Inc., the Department of Human Services, Department of Community Health, local community mental health entities or other governmental agencies or private agencies from all claims, liability, and damages that may result from furnishing the information to you.

I further specifically waive written notice and agree to divulging of any disciplinary reports, letters of reprimand or other disciplinary action by all prior employers, and hereby release any prior employers from all claims, liability and damages that may result from furnishing the information to you.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

