

SAN ANTONIO COUNCIL ON ALCOHOL AND DRUG AWARENESS (SACADA) EMPLOYMENT APPLICATION

PERSONAL

Last Name	First	Middle Initial	Social Security #
Other Name(s) Used:	Drivers License Number:		Home Phone Number
Address, City, State, Zip Code			Cell Phone Number
Position Applying For	Referred By		Salary Desired
Have you ever interviewed with SACADA before? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list date(s), job title(s) & location(s)		
Have you ever been employed by SACADA before? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list date(s), job title(s) & location(s)		
Do you have any relatives employed by SACADA? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list date(s), job title(s) & location(s)		
Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No	If under 18, do you have a work permit?		

EDUCATION

Check Highest Grade Completed:

High School	9th	10 th	11 th	12 th
College, Trade or Business	1 yr.	2 yr.	3 yr.	4 yr.
Graduate Studies				

School	Address	Major Studies	Degree, Diploma, License or Certificate
High School			
College/University Graduate			
Vocational, Business, Other			

If a license, certificate or other authorization to practice a trade or professional service is required for the position for which you are applying, complete the following questions: Name of License _____
 License No. _____ Granted by _____ City or State of _____ Specialty _____
 Licensed From _____ To _____ Other special knowledge, Skills or qualifications _____

Do you speak a language other than English? List _____ Well Fair

Do you type? Yes No If yes, WPM: _____

EMPLOYMENT HISTORY

List employment history for the past 10 years, starting with the most recent position. All information **must** be completed. You may attach a resume, but not in place of completing the required information.

Employed From / /	Employer Name	Supervisor Name	Starting Salary
Employed Until / /	Employer Address	Supervisor Phone #	Ending Salary
Job Title		Reason for Leaving	
Duties & Responsibilities			

Employed From / /	Employer Name	Supervisor Name	Starting Salary
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Employed From / /	Employer Name	Supervisor Name	Starting Salary
Employed Until / /	Employer Address	Supervisor Phone #	Ending Salary
Job Title		Reason for Leaving	
Duties & Responsibilities			

MILITARY

Did you serve in the U.S. armed forces? _____ If yes, what branch _____
 Describe any training received relevant to the position for which you are applying _____

GENERAL

- Yes No
- May we contact your current employer for references?
 - If hired, will you be able to work overtime?
 - Will you be able to perform the essential job functions for the position you are applying for with or without reasonable accommodation?
 - Have you ever been convicted of a crime, excluding misdemeanors and summary offenses, which has not been annulled, expunged or sealed by court? (A yes response does not automatically disqualify your application) *If yes, please comment* _____.
 - Are you authorized to work in the United States?

REFERENCES	Give the names of four persons not related to you, whom you have known at least one year.
Name Address	Telephone
Name Address	Telephone
Name Address	Telephone
Name Address	Telephone

CERTIFICATION & AUTHORIZATION

The above information is true and correct. I understand that, in the event of my employment by SACADA, I shall be subject to dismissal if any information that I have given in this application is false or misleading or if I have failed to give any information herein requested, regardless of the time elapsed after discovery.

I authorize SACADA to inquire into my educational, professional, and past employment history references as needed to research my qualifications for this position. I hereby give my consent to any former employer to provide employment-related information about me to SACADA and will hold SACADA and my former employer harmless from any claim made on the basis that such information about me was provided or that any employment decision was made on the basis of such information.

I understand that nothing in this employment application, the granting of an interview or my subsequent employment with SACADA is intended to create an employment contract between myself and SACADA under which my employment could be terminated only for cause. On the contrary I understand and agree that, if hired, my employment will be terminable "at will" and may be terminated by me or SACADA at any time and for any reason. I understand that no person has any authority to enter into any agreement contrary to the foregoing.

SACADA believes that all employees have a right to work in a drug-free and alcohol-free environment in keeping with the Drug-Free Workplace Act of 1998. Therefore, all potential employees must submit to a pre-employment drug screen with satisfactory results for continued employment. In addition to a criminal background check is required for employment at SACADA.

I hereby acknowledge that I have read and agree to the above statements.

Name Printed: _____

Signature

Date

NO APPLICATIONS WILL BE CONSIDERED UNLESS SIGNED AND ALL QUESTIONS ANSWERED



San Antonio Council on Alcohol & Drug Awareness

EMPLOYMENT APPLICATION

The San Antonio Council on Alcohol and Drug Awareness (SACADA) is an equal opportunity/affirmative action employer. All qualified applicants will be considered without regard to age, race, color, sex, religion, nation origin, marital status, ancestry, citizenship, veteran status, sexual orientation, or preference, or physical or mental disability.