

ARIEL CLINICAL SERVICES

APPLICATION FOR EMPLOYMENT

Return via email to hr@arielcpa.org or by fax to (970) 241-8722

It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin or other protected classification.

Location you want to work at: _____ Seeking: _____

Position Name _____

Date available to start work _____ Desired Salary _____ per _____

Name _____ Email Address _____

Street Address _____ Telephone Number _____

City _____ State _____ Zip _____ Cellular Number _____

Have you lived in the state of Colorado for the past 24 months? _____ Are you over 18 years old? _____

Are you authorized to work in the U.S. on an unrestricted basis? _____ Have you worked here before? _____

Are you related to anyone employed here? _____ If yes, who? _____

Do you have reliable transportation? _____ Do you have a valid drivers license & insurance? _____

Are there any hours, or days you cannot or will not work? _____

Have you ever been convicted of a felony? _____ (Conviction will not necessarily disqualify an applicant for employment).
If yes, describe conditions.

Educational History

High School Name _____ Graduated? _____

High School Location (City/State) _____

College/University Name _____ Graduated? _____

College/University Location (City/State) _____

Degree Type _____ Major _____

College/University Name _____ Graduated? _____

College/University Location (City/State) _____

Degree Type _____ Major _____

List Any Other Relevant Training/Education

List any relevant Professional Licensure/Certifications, Professional Group/Society/Association Membership (include name of group, license or registration number, state of licensure and expiration date, as applicable):

WORK HISTORY

(List in chronological order with last/current employer listed first)

Company Name _____

Company Address (Street/City/State) _____

Company Phone _____ Supervisor Name _____

Last Position Held _____ Last Rate of Pay _____

Date Started _____ Date Left _____ Reason for Leaving _____

Description of Duties Performed:

Company Name _____

Company Address (Street/City/State) _____

Company Phone _____ Supervisor Name _____

Last Position Held _____ Last Rate of Pay _____

Date Started _____ Date Left _____ Reason for Leaving _____

Description of Duties Performed:

Company Name _____

Company Address (Street/City/State) _____

Company Phone _____ Supervisor Name _____

Last Position Held _____ Last Rate of Pay _____

Date Started _____ Date Left _____ Reason for Leaving _____

Description of Duties Performed:

In addition to your work history, what other experiences, skills or qualifications would especially fit you for work with us?

In case of Emergency Contact: _____
Name Phone Number

APPLICANTS CERTIFICATION AND AGREEMENT

I authorize the Company to make an investigation of any of the facts set forth in this application. I will authorize a criminal background check, child abuse registry check, driving record check and health/physical screen prior to any employment and I understand that any employment with Ariel may be contingent upon passing each of these checks. "Any applicant who knowingly or willfully makes a false statement of any material fact or thing in this application is guilty of perjury in the second degree as defined in Section 18-8-503, C.R.S., and, upon conviction thereof, shall be punished accordingly." I understand that employment at this Company is "at will," which means that either I or the Company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis.

Applicant's signature _____ Date _____

(Unsigned applications will not be accepted.)

Equal Opportunity/Affirmative Action Questionnaire

Ariel Clinical Service is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the employer invites employees to voluntarily self-identify their race or ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual. This information will be kept separately from your application and is used for data collection purposes only.

- 1) Today's Date: _____
- 2) What is your name: _____
- 3) What location are you applying to work at? _____
- 4) What position are you applying for with Ariel? _____
- 5) Choose your sex: _____
- 6) Are you of Hispanic or Latino decent? _____
(Per EEOC guidelines a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.)
- 7) What is your ethnic background? _____
- 8) Physical Condition: _____
- 9) Veterans/US Military Status: _____
- 10) Active National Guard Reservist: _____
- 11) How did you learn about the position at Ariel? _____