



EMPLOYMENT APPLICATION

Please complete all applicable sections of this application. A resume is strongly encouraged and may be required for certain positions.

POSITION INFORMATION

Position Applying For: _____

Desired Start Date: _____

How did you hear about this position? _____

☐ Resume Attached ☐ No Resume Attached

PERSONAL INFORMATION

Name: _____

Phone(s): _____

Email: _____

Mailing Address: _____

EDUCATION & QUALIFICATIONS

Highest Level of Education: ☐ High School /GED ☐ Some College ☐ Associate ☐ Bachelor's ☐ Master
 ☐ Doctorate ☐ Other _____

School: _____ Degree/Major: _____

Professional License / Certification (if applicable):

License Number: _____ State: _____ Expiration: _____

DRIVING QUALIFICATIONS

Do you possess a valid driver's license? ☐ Yes ☐ No

Driver's License Number: _____ State: _____ Expiration: _____

Have you received any moving traffic violations or been involved in any at-fault motor vehicle accidents within the past two (2) years? ☐ Yes ☐ No

If yes, explain: _____

Have you had your driver's license suspended or revoked within the past two (2) years? ☐ Yes ☐ No

If yes, explain: _____

WORK AVAILABILITY

Are you able and willing to travel? (Private transportation will be required with travel reimbursement) ☐ Yes ☐ No

Are you available to work evenings and/or weekends as needed? ☐ Yes ☐ No

Are you available for overnight travel as needed? ☐ Yes ☐ No



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RECOVERING COACH APPLICANTS ONLY

Do you have three (3) years or more of sobriety?

☐ Yes ☐ No

Years in recovery: _____

BACKGROUND INFORMATION

Have you ever been arrested or convicted of a misdemeanor/felony?

☐ Yes ☐ No

If yes, explain:

Have you ever been convicted of an offense involving sexual misconduct, abuse, neglect, or exploitation of a child or vulnerable individual?

☐ Yes ☐ No

If yes, explain:

EMPLOYMENT HISTORY

Please attach a current resume. If a resume is not included, complete the employment history below and attach additional pages, as needed, covering the past ten (10) years of work history.

Employer: _____

Job Title: _____

City, State: _____

Employment Dates (From / To): _____ ☐ Currently Employed

Brief description of duties: _____

Reason for leaving: _____

May we contact this employer? ☐ Yes ☐ No

Phone Number: _____

If no, please explain:



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Reason for leaving: _____

May we contact this employer? ☐ Yes ☐ No Phone Number: _____

If no, please explain: _____

PROFESSIONAL REFERENCES

Please provide three (3) professional references who can speak to your work performance, skills, or character. References should not be relatives.

NAME	RELATIONSHIP	COMPANY	PHONE	EMAIL

Applicant Certification

I certify that the information I have provided in this application and any attachments (including my resume) is true, complete, and accurate to the best of my knowledge. I understand that any false statements, misrepresentations, or omissions may result in the rejection of my application or, if employed, disciplinary action up to and including termination of employment.

I understand that submitting this application does not guarantee employment and that, if hired, my employment with ETCADA is at will, meaning either I or ETCADA may terminate the employment relationship at any time, with or without notice or cause, unless otherwise provided by law or written agreement.

Signature: _____

Printed Name: _____

Date: _____



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