



CENTERS FOR THE DEVELOPMENTALLY DISABLED NORTH CENTRAL ALABAMA, INC.

POST OFFICE BOX 2091

DECATUR, ALABAMA 35602-2091

(256) 350-1458

EMPLOYMENT APPLICATION

We consider applicants for all positions without regard to race, color, religion, creed, general, national origin, age, disability (unless the disability precludes performance of the essential functions of the position), marital/family or veteran status, or any other legally protected status.

Please print clearly and answer all questions completely.

GENERAL INFORMATION

Last name _____ First Name _____ Middle Initial _____

Street Address _____ Apartment _____

City _____ State _____ Zip Code _____

Home Phone _____ Message/Work Phone _____

Cellular/Pager Phone _____

Social Security Number _____

Position Applying For _____

Dear Applicant,

Thank you for interest in employment with CDD NCA, Inc. We would like you to know that you will be considered for the position you are applying for without regard to race, color, religion, age, sex, marital status, national origin, veteran status, or the presence of non-job-related medical conditions, disability or handicap.

Unfortunately, not every applicant can be selected for employment. CDD's Department of Human Resources will review your application and, if a suitable position is found, you will be called in for an interview. Due to the number of applications we receive, we only contact applicants selected for interview. Please do not contact our office regarding the status of your application. If you are selected for an interview, you will receive a call to schedule a date and time for an interview. If you are not selected at this time, your application will remain active for 90 days for future review.

We ask that you complete in full the Application for Employment, Authorization to Release Information, and Consent to Drug /Alcohol testing and Release of Results. Applicants submitting documents with inaccurate or absent information will not be considered for employment.

Again, thank you for your time and interest in CDD NCA, Inc.

Brad Romine
Chief Executive Officer

POSITION INFORMATION

Why are you interested in working for CDD NCA, Inc.? _____

How did you hear about this position? Internet Ad Newspaper Ad Referral Walk In Other _____

If you were a referral, name the individual who referred you to CDD NCA, Inc. _____

Are you related to anyone who works for CDD NCA, Inc. Yes No If yes, who _____

Have you previously been employed by CDD NCA, Inc. Yes No

Indicate your availability for work: Full Time Part Time 1st Shift 2nd Shift 3rd Shift Weekends Temporary

Are you available to work additional hours or shifts as needed? Yes No

If no, list hours/days not available: _____

As of what date are you available for work: ___/___/___

Do you object to travel if the job requires? Yes No

Are you currently employed? Yes No If yes, may we contact your present employer? Yes No

Has your employment ever been terminated by an employer? Yes No

If yes, please explain: _____

Have you ever received any written warnings/reprimands from an employer? Yes No

If yes, please explain: _____

Have you ever been convicted of a crime, pled no contest (no lo contendere), or pled guilty within the last seven years? Yes No

If yes, please explain: _____

Have you ever been investigated for abuse, mistreatment or neglect of any child or adult? Yes No

If yes, please explain: _____

Do you have a valid Driver's License Yes No (Must have at least three years legal driving experience)

EDUCATION

High School diploma or GED required

Do you have a high school diploma? Yes No Name and location of school _____

If not, do you have a GED? Yes No _____

Name and Location (City & State) of College(s) or University(ies) Attended	YEARS Start - Finish	Major Field of Study	Degree Received?	Type (BS, MA, PhD)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

List qualifications relevant to the position for which are not covered elsewhere in your application (such as inservice training, professional licenses or certifications, CPR, First Aid, Behavioral Training, technical skills and/or computer, or other special training). For license and certifications include date and place of issuance and date of expiration.

EMPLOYMENT HISTORY

**List all your previous positions held within the last ten years beginning with your most recent employer.
All dates, addresses and phone numbers must be completed. If you do not have enough space, please use additional paper.**

Present or Last Employer: _____ Phone #: _____

Address _____

Position Held: _____ Salary: _____

Major Duties: _____

Reason for leaving: _____ Dates Employed: _____ to _____

Immediate supervisor (Name & Title) _____

Previous Employer: _____ Phone #: _____

Address _____

Position Held: _____ Salary: _____

Major Duties: _____

Reason for leaving: _____ Dates Employed: _____ to _____

Immediate supervisor (Name & Title) _____

Previous Employer: _____ Phone #: _____

Address _____

Position Held: _____ Salary: _____

Major Duties: _____

Reason for leaving: _____ Dates Employed: _____ to _____

Immediate supervisor (Name & Title) _____

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Address _____

Position Held: _____ Salary: _____

Major Duties: _____

Reason for leaving: _____ Dates Employed: _____ to _____

Immediate supervisor (Name & Title) _____

Previous Employer: _____ Phone #: _____

Address _____

Position Held: _____ Salary: _____

Major Duties: _____

Reason for leaving: _____ Dates Employed: _____ to _____

Immediate supervisor (Name & Title) _____

