

Employment Application
Phoenix Health Programs
An Equal Opportunity Employer

DATE: _____

Personal Information

Last Name	First Name	Middle Initial	Are you eligible to work in the United States? YES NO	
Street Address	City		State	ZIP
Phone number	Email Address		If you have ever been a client at Phoenix Health Programs. please state when (N/A for not applicable).	

Position Desired

Internship/Practicum Position Applying for:	If your application is favorably considered, dates of your internship:
Degree Sought:	Class Standing at time of internship/practicum:
	Number of hours per week required:
Are you currently employed? YES NO	If so, may we contact your employer? YES NO
Have you ever applied to, or been employed by Phoenix Health Programs.? YES NO If so, when?	

Education

	Name and location of school	Major or subjects studied	Dates of Attendance	Did you graduate?
High School/GED				
Trade/Business/ College/ University				
Graduate School				

List any professional designations and/or certifications:

Other special skills, areas of knowledge or qualifications:

Employment History: Last five employers, starting with most recent. Go back at least 10 years. Attach another page if you need more space.

Dates Employed	Name and Address of Employer		Salary	Position/Duties	Reason for Leaving
From (month/year):			Starting:		
To (month/year):	Supervisor name	phone number/email	Ending:	Full-time or Part-time? Hours per week?	
From (month/year):			Starting:		
To (month/year):	Supervisor name	phone number/email	Ending:	Full-time or Part-time? Hours per week?	
From (month/year):			Starting:		
To (month/year):	Supervisor name	phone number/email	Ending:	Full-time or Part-time? Hours per week?	
From (month/year):			Starting:		
To (month/year):	Supervisor name	phone number/email	Ending:	Full-time or Part-time? Hours per week?	
From (month/year):			Starting:		
To (month/year):	Supervisor name	phone number/email	Ending:	Full-time or Part-time? Hours per week?	

References: Names of three persons not related to you, whom you have known at least one year

Name	Address, Phone Number, Email	Business	Years Acquainted

Probationary Period:

An employee's first ninety (90) days of employment are on a trial basis and are considered a continuation of the employment selection process. The ninety (90) day probationary period provides Phoenix Health Programs an opportunity to observe and evaluate the capacity of the employee. During this probationary period, Phoenix Health Programs may also terminate employment at any time, with or without notice and with or without cause.

This 90 day probationary period is not a term of employment and is not intended, nor does it, impact the at will nature of the relationship between Phoenix Health Programs and the employee.

Signature:

I certify that the facts contained in this application are true and complete to the best of my knowledge and I understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize Phoenix Health Programs to investigate all statements contained herein and the employers and references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to Phoenix Health Programs.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without prior notice.

Applicant Signature	Date
If submitting electronically, signature will be required at time of interview if granted one.	

Phoenix Health Programs., 90 E. Leslie Lane, Columbia, MO 65202, Fax: 573-442-8095, email: info@phoenixhealthprograms.com



APPLICATION Part II - EEO/AFFIRMATIVE ACTION BACKGROUND FORM

Phoenix Programs is subject to certain governmental recordkeeping and reporting requirements for Equal Employment Opportunity Commission compliance. In order to comply, Phoenix Programs invites the applicant to voluntarily self-identify race or ethnicity and gender. Submission of the self-identification information is voluntary and refusal to provide it will not subject you to any adverse treatment or influence in the hiring process. ***The information obtained will be kept separate from the application and 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.*** When reported, data will not identify any specific individual.

Name:

Position applied for:

Today's Date:

If you do not wish to self-identify your gender, ethnicity or race please check the box below and then send the document to Human Resources.

Decline Self Identification:

Completion of this portion of the form is Voluntary

Gender: Male Female

Race/ethnic origin:

Please select below. The categories are set by the EEOC (Equal Employment Opportunity Commission) and are the categories Phoenix Programs must use to report. If you identify with more than one race, you may check more than one box.

- White** - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black or African American** - A person having origins in any of the black racial groups of Africa.
- Asian or Pacific Islander** - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, Vietnam, or a person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- American Indian or Alaska Native** - A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Hispanic** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

