



1202 N. Venice Ave Tucson, AZ 85712 (844) 333-6642 Phone (520) 333-3060 Fax  
hr@optimabc.net

## Application for Employment

*An Equal Opportunity Employer*

To be considered an applicant, you must complete this form. A resumé may also be attached. Each question should be fully and accurately answered. No action can be taken on this application until all questions have been answered. Use blank paper if you do not have enough room on this application. **PLEASE PRINT**, except for your signature.

Personal Information:				
Name:				
Last	First	Middle Initial	Preferred Name	
Address:				
Street	City	State	Zip	
Telephone: ( )	( )			
Home	Cell			
Email Address:				
Position Applying For:				
Job Title:				
Are you applying for: <input type="checkbox"/> F/T <input type="checkbox"/> P/T	Available Start Date:	May We Contact Present Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Salary Desired:				

Are you legally eligible to work in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/> (Federal Law requires proof of identity and employment authorization for all new employees.)	
Are you 18 years of age or older? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you ever worked for this company? Yes <input type="checkbox"/> No <input type="checkbox"/>	If so, when: _____
Can you provide proof of valid auto insurance? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you have a valid driver's license? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Education/Training					
<u>School</u>	<u>Name</u>	<u>Location</u>	<u>Dates Attended From / To:</u>	<u>Diploma, Degree &amp; Major</u>	Graduated?
High School					
College					
Other (Business, Vocational, Military)					

**Employment History** (Please start with the most recent, last three employers. Use additional paper as necessary.):

Employer:

Address:

Street

City

State

Zip

Telephone: ( )

Supervisor Name:

Dates Mo/Yr:

To Mo/Yr:

Final Rate of Pay:

Position Held:

May we contact: Yes ☐ No ☐

Primary Duties:

Reason for Leaving:

**Next Employer**

Employer:

Address:

Street

City

State

Zip

Telephone: ( )

Supervisor Name:

Dates Mo/Yr:

To Mo/Yr:

Final Rate of Pay:

Position Held:

May we contact: Yes ☐ No ☐

Primary Duties:

Reason for Leaving:

**Next Employer**

Employer:

Address:

Street

City

State

Zip

Telephone: ( )

Supervisor Name:

Dates Mo/Yr:

To Mo/Yr:

Final Rate of Pay:

Position Held:

May we contact: Yes ☐ No ☐

Primary Duties:

Reason for Leaving:

**Knowledge, Skills and Certifications:**

Microsoft Office? Yes ☐ No ☐ Central Reach? Yes ☐ No ☐ Additional Software:

AZ Fingerprint Clearance Card? Yes ☐ No ☐ CPR/BLS? Yes ☐ No ☐ RBT Certified? Yes ☐ No ☐

Additional Knowledge, Skills or Certifications:

**Professional Reference** (Please include a Supervisor or Manager.)

Name:

Last First Email address

Telephone: ( ) ( )

Home Cell

Connection To You: Employer/Occupation:

**Professional Reference** (Please include a co-worker, Supervisor or Manager.)

Name:

Last First Email address

Telephone: ( ) ( )

Home Cell

Connection To You: Employer/Occupation:

**Professional Reference** (Please include a co-worker, Supervisor or Manager.)

Name:

Last First Email address

Telephone: ( ) ( )

Home Cell

Connection To You: Employer/Occupation:

**Availability**

Please list your availability. List the earliest and latest you can work. Please include any breaks in the day for school or other engagements you may have.

<i>Example: Monday</i>	<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>	<i>Friday</i>	<i>Saturday</i>	<i>Sunday</i>
<i>11am-3pm</i>							
<i>6pm-8pm</i>							

Have you ever been convicted of a crime (other than a minor traffic infraction)? Yes ☐ No ☐

(A conviction does not necessarily disqualify you from consideration. Failure to disclose may lead to application disqualification.)

If yes, when & where: \_\_\_\_\_ Please Explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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*I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that should an investigation disclose untruthful or misleading answers, my application may be rejected, my name removed from consideration, or my employment may be terminated.*

*I understand that any employment is conditional on a background check. I authorize the Company to thoroughly investigate all statements contained in my application or resume.*

*I understand and agree that nothing contained in this application or conveyed during any interview is intended to create an employment contract. If hired, my employment is "at will", for no definite period and either Employer or I may terminate our relationship at any time.*

*If hired, I agree to submit to a drug test at any time deemed appropriate by the Company and as permitted by law. I consent to such tests and I request that the examining provider disclose to the Company the results of the tests, which results shall remain confidential and segregated from my personnel file. I understand that my employment or continued employment, to the extent permitted by law, is contingent upon a satisfactory drug test.*

*I understand that filling out this form does not indicate there is a position open and does not obligate the Company to hire. I understand all applications will be kept on file for a period no less than six months from the date received.*

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name of Applicant: \_\_\_\_\_

IT IS THE POLICY of Optima Behavioral Consulting, LLC to provide equal opportunity in all terms, conditions and privileges of employment for all job applicants and employees without regard to race, color, national origin, gender or age (unless a bona fide job requirement) or the disclosure of a disability. Every effort to provide reasonable accommodations for any applicant or employee who has made a request will be made, unless it would result in undue hardship on the company.