



# aspire

BEHAVIORAL HEALTH & DEVELOPMENTAL DISABILITY SERVICES

The *mission* of Aspire is to offer affordable, accessible, and quality mental health, addictive disease and developmental disability services by skilled professionals who are sensitive to the needs of individuals and families served.

APPLICANT INFORMATION											
Last Name			First			M.I.		Date			
Street Address							Apartment #				
City				State				Zip			
Phone				Email Address							
Date Available			Social Security #				Desired Salary				
Position Applying for						Position #					
Are you a citizen of the United States?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If no, are you authorized to work in the U.S.?			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?				
Are you currently employed?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If yes, why are you pursuing a change?				
Have you ever been dismissed from a State of Georgia position, or any other employer?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If yes, please attach explanation.				
EDUCATION											
High School				Address							
From		To		Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree	
College				Address							
From		To		Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree	
College				Address							
From		To		Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree	
College				Address							
From		To		Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree	
Have you completed any special courses, seminars, and / or training that would enable you to perform the duties for the position in which you are applying?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If yes, please explain:				
Do you have academic honors, extracurricular activities, offices held, etc.?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If yes, please explain:				

### KNOWLEDGE, SKILLS AND ABILITIES

<b>Organization Skills:</b> Ability to prioritize duties	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Ability to type at a proficient level and speed: _____ wpm		
<b>Computer Skills: Proficient in Microsoft Office</b>	Word	<input type="checkbox"/>	<b>Knowledge of Customer Service</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	Excel	<input type="checkbox"/>			
	PowerPoint	<input type="checkbox"/>			
	Outlook Express	<input type="checkbox"/>			
	Access	<input type="checkbox"/>			

### LICENSES AND CERTIFICATIONS

Type of License / Certificate	License / Certificate	Expiration (Mo / Yr)	
Valid Driver's License			<b>DOB:</b>
Current Commercial Driver's License (CDL) Class A <input type="checkbox"/> Class B <input type="checkbox"/> Class C <input type="checkbox"/>			
Other Professional License / Certificate(s)			

### EMPLOYMENT – BEGIN WITH PRESENT OR MOST RECENT EMPLOYER FIRST

Company					Phone					
Address					Supervisor					
Job Title				Starting Salary	\$				Ending Salary	\$
Responsibilities										
From			To			Reason for Leaving				
May we contact your previous supervisor for a reference?						YES <input type="checkbox"/>	NO <input type="checkbox"/>			
Company					Phone					
Address					Supervisor					
Job Title				Starting Salary	\$				Ending Salary	\$
Responsibilities										
From			To			Reason for Leaving				
May we contact your previous supervisor for a reference?						YES <input type="checkbox"/>	NO <input type="checkbox"/>			

Company					Phone		
Address					Supervisor		
Job Title			Starting Salary	\$			Ending Salary \$
Responsibilities							
From			To			Reason for Leaving	
May we contact your previous supervisor for a reference?					YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Company					Phone		
Address					Supervisor		
Job Title			Starting Salary	\$			Ending Salary \$
Responsibilities							
From			To			Reason for Leaving	
May we contact your previous supervisor for a reference?					YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Company					Phone		
Address					Supervisor		
Job Title			Starting Salary	\$			Ending Salary \$
Responsibilities							
From			To			Reason for Leaving	
May we contact your previous supervisor for a reference?					YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Company					Phone		
Address					Supervisor		
Job Title			Starting Salary	\$			Ending Salary \$
Responsibilities							
From			To			Reason for Leaving	

May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>			
Company				Phone				
Address				Supervisor				
Job Title			Starting Salary	\$			Ending Salary	\$
Responsibilities								
From		To		Reason for Leaving				
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>			

**WORK REFERENCES – List three professional references**

<b>Name</b>				<b>Occupation</b>			
<b>Full Address ( Including Street, City &amp; Zip Code)</b>				<b>Telephone Number</b>			
Street:							
City:		State:					
<b>Name</b>				<b>Occupation</b>			
<b>Full Address ( Including Street, City &amp; Zip Code)</b>				<b>Telephone Number</b>			
Street:							
City:		State:					
<b>Name</b>				<b>Occupation</b>			
<b>Full Address ( Including Street, City &amp; Zip Code)</b>				<b>Telephone Number</b>			
Street:							
City:		State:					

**DISCLAIMER AND SIGNATURE**

I understand that failure to reveal any prior employer, or giving false or misleading information by me on any part of this application for employment can be grounds for termination from the company or its' subsidiaries. I understand that if I am hired, my employment is for no definite time and may be terminated at any time without

prior notice. I authorize the agency to obtain a 7 year Motor Vehicle Report. I understand the results of the report may determine the continuation of the application process.

Signature

Date

**Applicants will receive consideration for positions without regard to race, color, religion, age, gender, sexual orientation, marital status or individuals with disabilities.**

**EQUAL EMPLOYMENT OPPORTUNITY INFORMATION**

The information you give in this section is optional. It is used by the agency to comply with Federal guidelines by monitoring their equal employment efforts.

Ethnic Background:

- American Indian
- Hispanic
- White, Not of Hispanic origin
- Black, Not of Hispanic origin
- Asian / Pacific Islander
- Multi-racial

Gender:

- Male
- Female

Date of Birth (m/m d/d four digit year):

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