

# APPLICATION FOR EMPLOYMENT

## COPE Community Services, Inc.

1485 W. Commerce Court

Tucson, AZ 85746

Phone: 520-792-4139 Fax: 520-624-9144 or 520-889-5812

### COPE IS AN EQUAL OPPORTUNITY EMPLOYER

We consider applicants for all positions for which they qualify without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

**APPLICATION MUST BE FILLED OUT COMPLETELY TO BE CONSIDERED.**

**INCOMPLETE APPLICATION WILL NOT BE CONSIDERED.**

**PRINT OR TYPE ALL INFORMATION**

Last Name	First Name	Middle Name		
Mailing Address (No P.O. BOX please)		City	State	Zip
Daytime Telephone Number & Evening Telephone Number		Email Address:		
Social Security Number		Date		
<b>Position Applying For:</b>				
First Choice:		Second Choice:		

#### Please check your working availability:

- Full Time: I am available and desire to work FULL-TIME (30 hours or more) and do not have restrictions on my hours and days.
- Part Time: I am only available and desire to work PART-TIME (Less than 29 hours per week)
- Per-diem: I am available on an as needed basis

#### Please check the shifts that you are available to work: Days Evenings Nights

Please check the days and times that you are available to work:  
(Please circle either AM or PM for start and ending times)

- Monday From: \_\_\_\_\_ A.M./P.M. To: \_\_\_\_\_ A.M./P.M.
- Tuesday From: \_\_\_\_\_ A.M./P.M. To: \_\_\_\_\_ A.M./P.M.
- Wednesday From: \_\_\_\_\_ A.M./P.M. To: \_\_\_\_\_ A.M./P.M.
- Thursday From: \_\_\_\_\_ A.M./P.M. To: \_\_\_\_\_ A.M./P.M.
- Friday From: \_\_\_\_\_ A.M./P.M. To: \_\_\_\_\_ A.M./P.M.
- Saturday From: \_\_\_\_\_ A.M./P.M. To: \_\_\_\_\_ A.M./P.M.
- Sunday From: \_\_\_\_\_ A.M./P.M. To: \_\_\_\_\_ A.M./P.M.

**NOTE:** Work schedules are based on the needs of the clients and may be subject to change on a weekly basis.

Date available to begin work: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Desired salary range: \_\_\_\_\_

Are you legally authorized to work in the United States?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you at least 21 years of age (licensing requirement)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If under 21, please state age: _____		
Have you been previously employed by us?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please provide dates: _____		
Reason for termination: _____		
Have you previously filed an application with us?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please provide dates: _____		
Do any of your friends or relatives work for COPE?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please provide names, relationships, and locations of employment:		
Are you currently employed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
May we contact your current employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been convicted of a crime or felony?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please describe fully, including date, location, and disposition of the conviction:		
Do you have any pending criminal action?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please describe fully.		
<b>NOTE: A conviction record will not necessarily be a bar to employment. Factors such as date of conviction, position being applied for as well as nature of the offense will be considered.</b>		

### EDUCATION/TRAINING

Degrees/Certifications (Please check all that apply and mark only degrees awarded)				
<input type="checkbox"/> Ph.D.	<input type="checkbox"/> MA/S Psych	<input type="checkbox"/> BS/BA Psych	<input type="checkbox"/> MC	<input type="checkbox"/> AA/S _____
<input type="checkbox"/> DSW	<input type="checkbox"/> MSW	<input type="checkbox"/> BSW	<input type="checkbox"/> C.I.S.W.	<input type="checkbox"/> CPA
<input type="checkbox"/> M.ED	<input type="checkbox"/> MPH	<input type="checkbox"/> MPA	<input type="checkbox"/> MBA	<input type="checkbox"/> BBA
<input type="checkbox"/> M.D.	<input type="checkbox"/> RN	<input type="checkbox"/> LPN	<input type="checkbox"/> BS Nursing	<input type="checkbox"/> Other _____
High School/GED	Location	Focus of Study	Diploma Awarded	
College/University	Location	Major/Minor	Degree Awarded	
College/University	Location	Major/Minor	Degree Awarded	
Languages You Speak Fluently		Languages You Write		Languages You Read

## WORK EXPERIENCE

PLEASE LIST MOST RECENT POSITION FIRST – ATTACH ADDITIONAL SHEETS IF NEEDED  
PLEASE ACCOUNT FOR THE LAST SEVEN (7) YEARS INCLUDING ANY GAPS IN EMPLOYMENT  
PLEASE DO NOT WRITE "SEE RESUME"

Employer	Dates of Employment
Address / Phone	Position
Supervisor	Salary
Duties/Responsibilities	Reason for Leaving

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### PROFESSIONAL REFERENCES

List only references who can provide information about your previous work experience

**Do not include personal references or family members**

Name	Relationship	Occupation	Years Known	Telephone
Name	Relationship	Occupation	Years Known	Telephone
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## APPLICANT'S STATEMENT

I hereby certify that all of the information provided by me in this application (or any accompanying documents) is correct, accurate and complete to the best of my knowledge. I understand that the falsification or misrepresentation or omission of any facts in said documents will be cause for denial of employment or in termination of employment regardless of the timing or circumstances of discovery.

I authorize investigation of all statements and verification of work history contained in this application.

This application for employment shall be considered active for a period of time not to exceed one year. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I understand that submission of an application does not guarantee employment. I further understand that should an offer of employment be extended by COPE Community Services, Inc. (hereinafter referred to as "COPE") that such employment with COPE is at will, for no specified duration and may be terminated by either COPE or myself at any time, with or without cause or notice. I understand that none of the documents, policies, procedures, actions, statements of COPE or its representatives used during the employment process is deemed a contract of employment real or implied. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by the Executive Director of COPE Community Services, Inc.

I understand that if offered a position with COPE, I may be required to submit to a pre-employment medical examination, drug screening and background check as a condition of employment. I understand that unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of these pre-employment tests and checks will result in withdrawal of any employment offer or termination of employment if already employed.

I hereby authorize any and all schools, former employers, references, courts and any others who have information about me to provide such information to COPE and/or any of its representatives, agents or vendors and I release all parties involved from any and all liability for any and all damage that may result from providing such information.

I understand, also, that I am required to abide by all policies and procedures of the employer and will not recover any references and/or materials submitted with my application.

*I certify that I have a valid Arizona Driver's License and do not have more than two (2) moving violations in the past three (3) years. (DUI, careless driving, or any other major moving violations automatically excludes you from coverage.)*

\_\_\_\_\_ Initials

**BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE READ, UNDERSTAND, AND AGREE TO THE ABOVE STATEMENTS.**

**Applicant's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

COMPLETION OF THE BELOW SECTION IS VOLUNTARY. REFUSAL TO PROVIDE INFORMATION WILL NOT SUBJECT APPLICANT TO ANY ADVERSE TREATMENT.

ALL INFORMATION WILL BE KEPT CONFIDENTIAL.

COPE Community Services, Inc. is trying to find out who is applying for jobs and if all people in the community are hearing about job vacancies. Please help us in our commitment to Equal Opportunity by completing the information below.

Position applied for: \_\_\_\_\_ Date: \_\_\_\_\_

WHERE DID YOU FIRST HEAR ABOUT THIS JOB?

- Newspaper Ad     Careerbuilder.com/Publication     Jobing.com Website     Family/Friend
- CPSA/CPSAjobs.org Website     Employment Agency     COPE Employee
- Job Fair     Tucson Indian Center     D.E.S. Job Service     U of A     Craigslist
- Pima Comm. College     Buyer's Edge     COPE Website     Billboard
- Other: \_\_\_\_\_

GENDER

- Male     Female

RACE/ETHNICITY

- Black or African American (Not Hispanic or Latino)     Hispanic or Latino
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)
- Asian (Not Hispanic or Latino)
- American Indian or Alaska Native (Not Hispanic or Latino)
- White (Not Hispanic or Latino)     Two or More Races (Not Hispanic or Latino)
- Choose Not To Disclose

VETERAN STATUS

- Not a Veteran     Disabled Veteran
- Veteran of the Vietnam-era     Other Veteran