

UNEMPLOYMENT HISTORY DURING LAST THREE YEARS

If unemployed during the last 3 years, please complete the following in addition to your employment history.

Dates of Unemployment	Reason for Unemployment	Person who Can Verify Unemployment		Checked by Zia Employee	Date Checked
From:		Address			
To:		Phone			

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From:		Address			
To:		Phone			

LIST ALL CURRENT AND PREVIOUS EMPLOYMENT (Most Recent First)

Name and Address of Company	Dates of Employment Mo. Yr. / Mo. Yr.	Last Rate of Pay	Reason for Leaving	Name of Supervisor
	Description of Work			
Phone:				
REFERENCE CHECK (To be Completed by Zia)				
Was Work Performance Satisfactory?	Would you Rehire?	Person Called	Checked By	Date

If there is a particular employer(s), you do not wish us to contact, please indicate which one(s):

Name and Address of Company	Dates of Employment Mo. Yr. / Mo. Yr.	Last Rate of Pay	Reason for Leaving	Name of Supervisor
	Description of Work			
Phone:				
REFERENCE CHECK (To be Completed by Zia)				
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Name and Address of Company	Dates of Employment Mo. Yr. / Mo. Yr.	Last Rate of Pay	Reason for Leaving	Name of Supervisor
	Description of Work			
Phone:				
REFERENCE CHECK (To be Completed by Zia)				
Was Work Performance Satisfactory?	Would you Rehire?	Person Called	Checked By	Date

If there is a particular employer(s), you do not wish us to contact, please indicate which one(s):

**IMPORTANT - READ INFORMATION ON LAST PAGE AND SIGN
AND DATE**

PLEASE READ AND SIGN

Zia Therapy Center is an Equal Opportunity Employer and a Drug free Workplace

We want you to know that reference checking is an important part of our hiring process. In addition to contacting the persons you furnished us as reference, we may also contact other business associates, acquaintances and friends. We may ask all references a series of questions about work experience, character, personal habits, educational background and personality.

I certify that the facts set forth in this application for employment are true and complete and I understand that if I am employed, any false statement on this application may result in my dismissal. I understand that if I am employed, I will be required to submit proof of being legally eligible for employment in the United States and I will be fingerprinted. I further understand that this application is not intended to be a contract of employment.

I voluntarily consent to allow Zia Therapy Center or any of its officers, employees or agents to check my listed references and by contacting any person whom they deem to be an appropriate reference, including but not limited to Child Protective Services, Adult Protective Services, Children, Youth and Families Department, etc. I understand that these questions may be about my personal or educational background, work experience, character and personality.

I understand that Zia Therapy Center will check various public databases for information concerning me including but not limited to NM Sex Offender, NM State Judicial, NM DWI Offender History and Employee Abuse Registry (COR).

I agree to hold Zia Therapy Center and the individuals contacted harmless for any liability that may be incurred as a result of such references checked.

I have never had an arrest for child abuse and/or neglect or a substantiated referral to a child protective services agency for child abuse and/or neglect.

I understand that I must pass a pre-employment drug screening prior to any offer of employment by Zia Therapy Center. I further understand that if the pre-employment drug screening is positive, or that I decline to submit to the screening, then I will be ineligible for employment by Zia Therapy Center.

This application is not a contract of employment. I also understand that if hired, regardless of any oral representations to the contrary, the employment relationship between myself and Zia Therapy Center, Inc. is terminable At-Will so that both the company and I remain free to choose to end our work relationship at any time for any or no reason. Any changes in this employment relationship must be made in writing.

I further understand that if I do not follow through with the employment process but have submitted to the pre-employment drug screening and fingerprinting, I am responsible for the cost of these screenings.

Finally, I understand that this Employment Application is the property of Zia Therapy Center, Inc., and that if I am hired a copy of this document will be retained in my personnel file.

Signature of Applicant

Date