



## “An Agency of Integrity”

### Is a Nondiscrimination/Equal Employment Opportunity

Oasis: AHN, LLC is an equal opportunity employer. It is the policy of Oasis: AHN, LLC not to discriminate against applicants and employees on the basis of race, color, religion, gender, sexual orientation, citizenship status, creed, marital status, age, disability, ancestry, genetic information, gender identity or expression, national origin, or other protected groups under federal, state, or local equal opportunity laws.

### **APPLICATION FOR EMPLOYMENT**

**IMPORTANT:** Please fill in your response above each line unless otherwise indicated. All answers must be printed or typed. Answers that are illegible or incomplete may prevent us from considering your application.



**\*Mandatory:** Please disclose any criminal conviction in detail (*use additional sheets if necessary*):

**FORMER EMPLOYERS** (LIST BELOW PREVIOUS EMPLOYERS, STARTING WITH LAST ONE FIRST, USE ADDITIONAL PAGES IF NECESSARY). **NOTE: Provide specific details** about duties/experience that are related to the job you are applying for and dealing with the population of persons you may be serving. Provide experience in MH/SA/IDD with the adult/child population.

**Please DO NOT** reply "See Resume"

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
MAJOR JOB DUTIES				
FROM				
TO				
MAJOR JOB DUTIES				
FROM				
TO				
MAJOR JOB DUTIES				
FROM				
TO				

<b>MAJOR JOB DUTIES</b>	
-------------------------	--

**REFERENCES:** GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	<u>CURRENT</u> PHONE NUMBER	BUSINESS & ADDRESS	YEARS ACQUAINTED
1			
2			
3			

IN CASE OF EMERGENCY NOTIFY	Signature of Applicant
NAME	ADDRESS
	PHONE

"I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED. MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME.

IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE. AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE COMPANY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE, OTHER THAN IT'S OWNER/CEO, AND THEN ONLY WHEN IN WRONG AND SIGNED BY THE OWNER/CEO, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING.

Signature of Applicant
Date

