

7-24-15

**EAST TEXAS COUNCIL ON ALCOHOLISM AND DRUG ABUSE**  
708 Glencrest, Longview, Texas 75601  
903.753.7633 or 1.800.441.8639  
ETCADA IS AN EQUAL EMPLOYMENT OPORTUNITY EMPLOYER  
**EMPLOYMENT APPLICATION**

Prospective applicants will receive consideration without discrimination because of race, color, religion, sex, national origin, age, marital or veteran status, non-job-related medical conditions or handicaps, or any other legally protected status. Employment at ETCADA is by mutual arrangement and may be terminated by either employee or employer. All employees are considered at-will and can be discharged at any time

Position Applied For: \_\_\_\_\_

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Social Security Number: \_\_\_\_\_ Email: \_\_\_\_\_

Address Where You May Be Reached:

\_\_\_\_\_  
(Number) (Street) (City) (State) (Zip)

Telephone Number(s) where we may reach you: \_\_\_\_\_ (cell) \_\_\_\_\_

- If recovering from alcohol or other addiction, I have three (3) years or more of sobriety.

Please circle responses

Yes No NA

If in recovery, how many years? \_\_\_\_\_

- Are you on parole, probation or deferred adjudication?

Yes No

- Have you ever been arrested or convicted of a misdemeanor/felony that is related to the functions or qualifications of the position for which you are applying?  
(A conviction record will not necessarily be a bar to employment)

Yes No

- If Yes, please describe fully the misdemeanor/felony conviction(s) listing the nature of the offense(s) and your rehabilitation since the conviction(s). \_\_\_\_\_

- Have you ever been convicted of any sex-related or child abuse related offense: Yes No

- Are you free to travel? (Private transportation will be required with travel expenses reimbursed) Yes No

Drivers License \_\_\_\_\_  
State Number

- Are you available to work evenings and/or weekends? Yes No

- Are you available for overnight travel? Yes                      No
  
- If applying for a position as a Licensed Chemical Dependency Counselor, I am Yes                      No  
 Licensed by the State of Texas as LCDC, or meet requirements to be designated  
 Counselor Intern (CI). (Please indicate where and when your LCDC training was received)

EDUCATIONAL BACKGROUND	NAME AND LOCATION OF SCHOOL	CIRCLE HIGHEST GRADE COMPLETED	DID YOU GRADUATE YES/NO?	Degree/Diploma
High School		9   10   11   12/GED		
College		1   2   3   4		
Trade, Business or Graduate School				

**Other Current Licenses/Certifications:** \_\_\_\_\_

**EMPLOYMENT HISTORY**

Please give an accurate, complete employment record starting with your present or last job and going back for at least ten (10) years. Include supervisor's name, address, and telephone number. Also add the dates employed, the work, performed. If you need additional space, please use an additional page.

List most recent first

Date	Company	Supervisor	Reason for Leaving	May we contact	
From:	Name:	Name:		Yes	No
To:	Your Title:	Title:			
	City/State:	Phone#			

Date	Company	Supervisor	Reason for Leaving	May we contact	
From:	Name:	Name:		Yes	No
To:	Your Title:	Title:			
	City/State:	Phone#			

Date	Company	Supervisor	Reason for Leaving	May we contact	
From:	Name:	Name:		Yes	No
To:	Your Title:	Title:			
	City/State:	Phone#			

**REFERENCES**

Please list the names of three (3) persons (other than relatives) who have a definite knowledge of your ability and character. Please give their present address and a daytime telephone number.

Name	Address	Daytime Phone	Relationship
(1) _____	_____	_____	_____
(2) _____	_____	_____	_____
(3) _____	_____	_____	_____

The information provided in this employment application is true, correct, and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal. I also understand that an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

\_\_\_\_\_  
**(Signature)**

\_\_\_\_\_  
**(Date)**