



**COMMUNITY  
INTERVENTION  
ASSOCIATES**

# APPLICATION FOR EMPLOYMENT

2851 S. Avenue B, Building #4- Yuma, AZ 85364  
Office (928) 376-0026 FAX (928) 782-2298

## GENERAL INFORMATION

Name		Phone Number:
Address		Message Phone:
		E-mail:
What Position(s) are you applying for: <input type="checkbox"/> Clinician <input type="checkbox"/> Customer Service Representative (CSR) <input type="checkbox"/> Case Manager/DCM <input type="checkbox"/> Billing & Claims Specialist <input type="checkbox"/> Direct Support Specialist (DSS) <input type="checkbox"/> Receptionist <input type="checkbox"/> Family Support Partner (FSP) <input type="checkbox"/> Transporter <input type="checkbox"/> Peer Support Partner (PSP) <input type="checkbox"/> Other: _____		I am available to work: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> PRN/ As Needed <input type="checkbox"/> Evenings <input type="checkbox"/> Weekends

What is your salary expectation? \$\_\_\_\_\_  Hrly  Annually      How soon can you begin working?

1. Are you eligible to legally work in the U.S.?	Yes <input type="checkbox"/> No <input type="checkbox"/>	5. Do you have <u>reliable transportation</u> for work?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. If you handle money, can we bond you?	Yes <input type="checkbox"/> No <input type="checkbox"/>	6. Do you have a <u>valid/current</u> driver's license?	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Do you have a Fingerprint Card?	Yes <input type="checkbox"/> No <input type="checkbox"/>	7. Do you have <u>proof of auto insurance coverage</u> ?	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Do you have a CPR / First Aide Card?	Yes <input type="checkbox"/> No <input type="checkbox"/>	8. Do you speak Spanish?	Yes <input type="checkbox"/> No <input type="checkbox"/>

List skills and/or specialized training you have that are relevant to the position(s) you are applying for:

List "volunteer" experience you have had working with youth programs, local agencies, schools, church and/or other organizations.

Please list current License(s), Certifications, special training or special skills you have:

Please tell us about any personal experience you may have had dealing with someone's mental health or substance abuse problems.

Do you have any relatives currently employed with CIA (a spouse, parent, sibling, uncle/aunt, cousin, comadre/compadre)? If yes, please provide their name(s):

## REFERENCES

List two business or personal references not listed as a previous supervisor. Do not list relatives.

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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EDUCATION				
Educational Institutions attended. Begin with most recent.	City/State	Discipline or Program (Major)	Degree/Diploma/Certificate	Date obtained or expected

WORK EXPERIENCE				
Employer			Status	Reason For Leaving
Position	Name of Organization		<input type="checkbox"/> Summer <input type="checkbox"/> Part-time <input type="checkbox"/> Internship <input type="checkbox"/> Volunteer <input type="checkbox"/> Full-time <input type="checkbox"/> Other:	<input type="checkbox"/> Voluntarily Resigned <input type="checkbox"/> Temp Employment <input type="checkbox"/> Seasonal Employee <input type="checkbox"/> Terminated <input type="checkbox"/> Lay-off <input type="checkbox"/> Seeking better opportunity
City	State	Dates Employed		
Duties:				
Position	Name of Organization		<input type="checkbox"/> Summer <input type="checkbox"/> Part-time <input type="checkbox"/> Internship <input type="checkbox"/> Volunteer <input type="checkbox"/> Full-time <input type="checkbox"/> Other:	<input type="checkbox"/> Voluntarily Resigned <input type="checkbox"/> Temp Employment <input type="checkbox"/> Seasonal Employee <input type="checkbox"/> Terminated <input type="checkbox"/> Lay-off <input type="checkbox"/> Seeking better opportunity
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City	State	Dates Employed		
Duties:				

Have you ever been convicted of a felony? Yes  No  If yes, please explain and provide date, place of conviction and crime:

(\* a prior felony conviction does not automatically disqualify an applicant from potential employment with Community Intervention Associates, Inc.)

Have you ever been suspended or terminated from a job for sexual harassment or assault, violation of safety rules or company policies and procedures? ( If you answer yes to any of these offenses, please describe) Yes  No

I understand that any omission or misrepresentation with respect to this information may be cause for denial or immediate termination of employment. I also understand that my signature gives Community Intervention Associates permission to check all references I have listed on this application. I also understand that CIA may require copies of current driver's license and proof of auto insurance prior to a job offer.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature