

ACHIEVE Human Services, Inc.



3250-A East 40th Street, Yuma, AZ 85365
Phone: (928) 341-0335 Fax: (928) 341-9462

3151 N. Piper Avenue Unit B117 Casa Grande, AZ 85122
Phone: (928) 503-0366

OUR MISSION STATEMENT:

“Empower the individuals that we serve to live their lives to their greatest potential.”

EMPLOYMENT APPLICATION

PLEASE READ THE FOLLOWING INSTRUCTIONS CAREFULLY BEFORE FILLING OUT THE APPLICATION FOR EMPLOYMENT

All requested information must be furnished. All information you provide will determine your eligibility for the position.

If any item does not apply to you, write “N/A” for Not Applicable. Note, for completing “Employment History”: Fill in **ALL** spaces accurately and completely. Include all related work experience, including volunteer and military. All new employees are required to produce documentation verifying their eligibility for employment in the United States at the time they are hired pursuant to Federal Law.

ACHIEVE HUMAN SERVICES, INC. IS AN EQUAL OPPORTUNITY EMPLOYER
Women, Veterans and individuals with disabilities are encouraged to apply

ACHIEVE Human Services, Inc. is a non-profit organization that establishes Government contracts to employ individuals with disabilities.

Do you have a disability? YES NO

Has this disability adversely impacted your ability to obtain and/or maintain employment?

YES NO

*******INCOMPLETE APPLICATIONS WILL NOT BE REVIEWED*******

POSITION APPLYING FOR: _____

Did you see this position on ZIPRECRUITER? YES NO

If NO, where did you find this posting: _____

Can you perform the essential functions of this position with reasonable accommodations?

YES NO

If NO, please explain: _____

I will accept (mark all that apply):

PERMANENT TEMPORARY SHIFT:

Full-Time Full-Time Days

Part-Time Part-Time Nights

SECTION A: APPLICANT INFORMATION
TYPE OR PRINT CLEARLY

First	M	Last	
Address	City	ST	ZIP

Home Phone _____ Email _____

Cell Phone _____

When would you be available to begin work? _____

Are you legally eligible to be employed in the United States? YES NO
(Proof of identity and eligibility will be required upon employment)

Are you over the age of 18 years? YES NO

SECTION B: EDUCATION AND TRAINING
TYPE OR PRINT CLEARLY

Do you have a High School Diploma or G.E.D: YES NO

Name of School: _____ City, State: _____

List Colleges, Universities, Trade or Business Schools Attended or any other training:

College/Trade School	City	State	Major	Degree	Type	Credit Hrs
				Y / N		
				Y / N		
				Y / N		
				Y / N		

Have you completed any special courses, seminars and/or training directly related to the position for which you are applying? YES NO

If yes, please describe:

Do you belong to any professional, trade, business or civic organizations that deal with the position for which you are applying? YES NO

If YES, please explain and list offices held: (*Omit any organization which reflects your race, color, religion, age, sex, sexual orientation, marital status or disabilities.*)

Several of our government contracts require that our employee's be able to speak, read and write the English language.

Are you proficient in the English Language? YES NO Speak Read Write

Are you proficient in any other language? YES NO Speak Read Write

What is the language? _____

SECTION C: EMPLOYMENT HISTORY
TYPE OR PRINT CLEARLY

Begin with your present employment and work back. Account for all time during the past 10 years. Include additional pages if necessary. **IF YOU PROVIDE A RESUME, YOU MUST INCLUDE ALL THE INFORMATION REQUESTED IN SECTION ‘C’ OF THE APPLICATION FOR EACH EMPLOYER, IN THE SAME FORMAT.**

Employer I: _____ Position: _____

Address _____ City _____ ST _____ ZIP _____

Phone Number: _____ Hours/Week: _____
Part-Time _____ Full-Time _____

Dates Employed _____ To: _____ Total: Years _____ Months _____

Hourly Rate/Salary Starting: \$ _____ Hourly Rate/Salary Ending: \$ _____

Supervisor’s Name and Title:

Reason for Leaving? _____

May we contact employer? YES NO Number of people directly supervised: _____

Describe the job duties you performed in the above position (**do not state “see resume”**)

Employer II: _____ Position: _____

Address _____ City _____ ST _____ ZIP _____

Phone Number: _____ Hours/Week: _____
Part-Time _____ Full-Time _____

Dates Employed _____ To: _____ Total: Years _____ Months _____

Hourly Rate/Salary Starting: \$ _____ Hourly Rate/Salary Ending: \$ _____

Supervisor’s Name and Title:

Reason for Leaving? _____

May we contact employer? YES NO Number of people directly supervised: _____

Describe the job duties you performed in the above position (**do not state “see resume”**)

Employer III: _____ **Position:** _____

Address _____ City _____ ST _____ ZIP _____

Phone Number: _____ Hours/Week: _____
Part-Time _____ Full-Time _____

Dates Employed _____ To: _____ Total: Years _____ Months _____

Hourly Rate/Salary Starting: \$ _____ Hourly Rate/Salary Ending: \$ _____

Supervisor’s Name and Title:

Reason for Leaving? _____

May we contact employer? YES NO Number of people directly supervised: _____

Describe the job duties you performed in the above position (**do not state “see resume”**)

REFERENCES

Please provide three professional references

Name	Position	Company	Telephone
1.	_____		
2.	_____		
3.	_____		

SECTION D: IDENTIFICATION

VETERANS (DD-214 must be provided to receive preference points) Check all that apply:

- a) Were you Honorably discharged, following more than 180 days active U.S. Military Service?
 YES NO

- b) Were you Honorably discharged, have a service -connected disability and are you receiving disability benefits under Federal Laws?
 YES NO

- c) Are you a spouse of a qualified veteran who has a service-connected disability or are you a surviving spouse of a qualified veteran who died of a service-connected disability?
 YES NO

A Three-Year Driving Record Report will be required from DMV on all applicants applying for positions in which driving an Agency vehicle is an essential function of the job.

Do you have a valid Driver's License: YES NO

If YES, Provide License #: _____ Class: _____ State: _____

An Extensive Background check will be completed on all applicants applying for contract positions with the Department of Homeland Security and/or United States Border Patrol.

Have you ever been convicted of a Misdemeanor and/or Felony? YES NO

Convictions are evaluated in relation to job position and will not necessarily preclude employment

If YES, Provide: Date: _____ City: _____ State: _____

Nature of Offense: _____

Do you have a current and valid Level I Arizona Fingerprint Clearance Card? YES NO

If YES application # _____ expiration date _____

Have you ever been denied an Arizona Fingerprint Clearance Card or had it revoked? YES NO

If YES explain (include dates and reason): _____

SECTION E: CERTIFICATE OF APPLICANT

I, hereby, certify that the facts contained in this application are true, accurate and complete. I understand that any omissions or falsified statements on this application may be cause for disqualification for employment with ACHIEVE Human Services, Inc., or my dismissal. I, hereby, authorize ACHIEVE Human Services, Inc. to verify the accuracy of all statements contained in this application, resume, and any references and employers listed. I also authorize the employers/references listed to provide ACHIEVE Human Services, Inc. with all information concerning my previous employment and any pertinent information they may have, and release all parties from all liability for any damages that may result from furnishing such information.

“I further understand that, if employed in a grant funded position, my continued employment is contingent upon availability of funds and any position will be abolished when the grant expires unless alternate funding is secured.”

Applicant’s Signature

Date

EEO-1 Voluntary Self-Identification

Position applied for: _____ Date: _____

We are subject to certain government recordkeeping and reporting requirements for the administration of civil rights laws and regulations. To comply with these laws, we invite you to voluntarily self-identify your race or ethnicity. **Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment.** The information obtained will be kept confidential and separate from personnel files. It may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those requiring information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

Please check the EEO Identification Group that best applies to you:

- Hispanic or Latino:** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

- OR -

- White (Not Hispanic or Latino):** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black or African American (Not Hispanic or Latino):** A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino):** A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Asian (Not Hispanic or Latino):** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- American Indian or Alaska Native (Not Hispanic or Latino):** A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- Two or More Races (Not Hispanic or Latino):** All persons who identify with more than one of the above races, excluding those who identify themselves as Hispanic or Latino.

Gender: Male Female

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2020
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Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.¹ To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

Your Name

Today's Date

Voluntary Self-Identification of Disability

Form CC-305
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Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

ⁱ Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.