



Allen-Ayuk Behavioral Health Center, INC

Allen Elliot, CEO/President

www.allen-ayukbehavioralhealth.com

George Ayuk, CFO/President

Employment Application

Last Name				First		M.I.	Date
Street Address					Apart/Unit #		
City			State		ZIP		
Phone			E-mail Address				
Date Available		Social Sec. No.			Desired Salary		
Position Applied for							
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for this comp?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?			
Have you ever been convicted of a felony?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain			
High School							
From		To	Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
College			Address <input type="checkbox"/>				
From		To	Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Other			Address				
From		To	Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
<i>Please list three professional references. One must be most recent previous supervisor. I give permission to contact these references.</i>							
Full Name				Relationship			
Company				Phone ()			
Address							
Full Name				Relationship			
Company				Phone ()			
Address							
Full Name				Relationship			
Company				Phone ()			
Address							



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Previous Employment					
Company			Phone ()		
Address			Supervisor		
Job Title		Starting Salary	\$	Ending Salary	\$
Responsibilities					
From	To	Reason for Leaving			
May we contact your previous supervisor for a reference?			YES	NO	
Company			Phone ()		
Address			Supervisor		
Job Title		Starting Salary	\$	Ending Salary	\$
Responsibilities					
From	To	Reason for Leaving			
May we contact your previous supervisor for a reference?			YES	NO	
Company			Phone ()		
Address			Supervisor		
Job Title		Starting Salary	\$	Ending Salary	\$
Responsibilities					
From	To	Reason for Leaving			
May we contact your previous supervisor for a reference?			YES	NO	

Licensure or Certification State Profession Lic/Cert # Expiration

I certify that my answers are true and complete to the best of my knowledge. This form must be completed entirely and may not be altered. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release at any time during employment.

Signature	Date
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