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**Mirasol Eating Disorder Recovery Centers**

*An equal opportunity employer*

2954 N Campbell Ave. #157

Tucson, Arizona 85719

520.546.3200

**Application for Employment**

Personal Information		
Name: <input type="text"/>		
Address: <input type="text"/>		
City: <input type="text"/>	State: <input type="text"/>	
Zip: <input type="text"/>	Phone: <input type="text"/>	Cell: <input type="text"/>
Email: <input type="text"/>		Are you at least 21 years old?: <input type="checkbox"/> Yes
Position Desired: <input type="text"/>	Salary Desired: <input type="text"/>	Date you can start: <input type="text"/>
Are you a citizen of the United States? <input type="checkbox"/>	If not, what is your work authorization number? <input type="text"/>	
Have you ever plead "guilty" or "no contest" to or been convicted of a crime? <input type="checkbox"/> <i>A "yes" answer will not necessarily exclude you from consideration.</i>		
If "yes", please give details: <input type="text"/>		
How did you hear about this job? <input type="text"/>		
Education		
<b>High School:</b> <input type="text"/>	Location: <input type="text"/>	
Did you graduate? <input type="checkbox"/>	Number of years attended: <input type="text"/>	Degree: <input type="text"/>
<b>College/University:</b> <input type="text"/>	Location: <input type="text"/>	
Did you graduate? <input type="checkbox"/>	Number of years attended: <input type="text"/>	Degree: <input type="text"/>
<b>Other:</b> <input type="text"/>	Location: <input type="text"/>	
Did you graduate? <input type="checkbox"/>	Number of years attended: <input type="text"/>	Degree: <input type="text"/>

Subjects of special study or research work:

Special training:

Special skills or qualifications:

**Previous Employment (start with most current)**

**Name of employer:**

Address:

City:  State:  Zip:

Dates of employment From:  To:  Job title:

Starting salary:  Ending salary:  May we contact this employer for a reference?

Reason for leaving:

Supervisor:  Title:  Phone:

Description of work:

**Name of employer:**

Address:

City:  State:  Zip:

Dates of employment From:  To:  Job title:

Starting salary:  Ending salary:  May we contact this employer for a reference?

Reason for leaving:

Supervisor:  Title:  Phone:

Description of work:

**Name of employer:**

Address:

City:	<input type="text"/>	State:	<input type="text"/>	Zip:	<input type="text"/>
Dates of employment	From: <input type="text"/>	To: <input type="text"/>	Job title:	<input type="text"/>	
Starting salary:	<input type="text"/>	Ending salary:	<input type="text"/>	May we contact this employer for a reference?	<input type="text"/>
Reason for leaving:	<input type="text"/>				
Supervisor:	<input type="text"/>	Title:	<input type="text"/>	Phone:	<input type="text"/>
Description of work:	<input type="text"/>				
<b>Name of employer:</b>	<input type="text"/>				
Address:	<input type="text"/>				
City:	<input type="text"/>	State:	<input type="text"/>	Zip:	<input type="text"/>
Dates of employment	From: <input type="text"/>	To: <input type="text"/>	Job title:	<input type="text"/>	
Starting salary:	<input type="text"/>	Ending salary:	<input type="text"/>	May we contact this employer for a reference?	<input type="text"/>
Reason for leaving:	<input type="text"/>				
Supervisor:	<input type="text"/>	Title:	<input type="text"/>	Phone:	<input type="text"/>
Description of work:	<input type="text"/>				
<b>Name of employer:</b>	<input type="text"/>				
Address:	<input type="text"/>				
City:	<input type="text"/>	State:	<input type="text"/>	Zip:	<input type="text"/>
Dates of employment	From: <input type="text"/>	To: <input type="text"/>	Job title:	<input type="text"/>	
Starting salary:	<input type="text"/>	Ending salary:	<input type="text"/>	May we contact this employer for a reference?	<input type="text"/>
Reason for leaving:	<input type="text"/>				
Supervisor:	<input type="text"/>	Title:	<input type="text"/>	Phone:	<input type="text"/>
Description of work:	<input type="text"/>				

## Professional References

Please furnish contact information for three people to whom you are not related who can validate your work experience for this position.

Name:	<input type="text"/>	Phone:	<input type="text"/>
Address:	<input type="text"/>	Years Known:	<input type="text"/>
Name:	<input type="text"/>	Phone:	<input type="text"/>
Address:	<input type="text"/>	Years Known:	<input type="text"/>
Name:	<input type="text"/>	Phone:	<input type="text"/>
Address:	<input type="text"/>	Years Known:	<input type="text"/>

## Statement of Interest

Why are you interested in this position?

I certify that the information contained in this application is correct to the best of my knowledge. I understand that to falsify information is grounds for refusing to hire me, or for discharge should I be hired.

I authorize any person, organization or company listed on this application to furnish you any and all information concerning my previous employment, education and qualifications for employment. I also authorize you to request and receive such information.

In consideration for my employment, I agree to abide by the rules and regulations of the company, which rules may be changed, withdrawn, added or interpreted at any time, at the company's sole option and without prior notice to me.

I also acknowledge that my employment may be terminated, or any offer or acceptance of employment withdrawn, at any time, with or without cause, and with or without prior notice at the option of the company or myself.

Signature:	<input type="text"/>	Date:	<input type="text"/>
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Type your full name in the box above to serve as your electronic signature.

Print this application and fax or mail it to:

Mirasol, Inc.  
2954 N Campbell Ave. #157  
Tucson, AZ 85719  
Fax: 520-546-3205

OR, save it to your hard drive and email your completed application to [jdaugherty@mirasol.net](mailto:jdaugherty@mirasol.net)