



Advantage Treatment Centers, Inc.

Thank you for your interest in working with Advantage Treatment Centers. We are a multi-site community corrections agency committed to prioritizing the wellbeing and safety of our communities while aiming to restore and reintegrate offenders back into society. We welcome your application. When completing this form, please:

1. Print clearly. Incomplete or illegible applications will not be processed.
2. Understand that filing an application does not imply that you will be interviewed or hired.
3. If you are offered employment you may be appointed conditionally and may be subject to verification of your former employers, references, and a routine background check, including any criminal record. If any statement is answered falsely, you will be terminated.
4. All applications must be signed to certify that all statements are true and complete.
5. Do not submit a resume in lieu of the employment application. Resumes are invited but will be accepted only as a supplement to the application.
6. Attach supplemental sheets if necessary.

JOB DATA

Title of position you are applying for: _____

ATC Site you are applying to (circle one): **STERLING** **ALAMOSA** **LAMAR** **MONTROSE**

Salary required: _____ Date you are able to start: _____

Type of employment preferred: _____ full time _____ part time _____ temp _____ contract

Are you willing to work overtime if required? _____ yes _____ no

IDENTIFICATION DATA

Name: _____ Social security #: _____

Address: _____
Street City State zip

Phone #: home _____ Cell: _____

Other name(s) you were/are known by: _____

How did you learn of this vacancy: _____

1230 N Grand Avenue
Montrose, CO 81401
970.964.2781

12220 Highway 61
Sterling, CO 80751
970.522.7383

2017 Lava Lane
Alamosa, CO 81101
719.589.7500



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EDUCATION/TRAININGS

If position requires a college degree, a transcript of your college credits may be requested prior to an offer of employment.

	Name & Address	Last year completed?	Graduate?	Subject studied?
High School				
College				
College				
Trade School				

PERSONAL DATA

1. ___ yes ___ no Are you legally eligible for employment in the United States?
2. ___ yes ___ no Do you have any physical defects which preclude you from performing certain jobs?
3. ___ yes ___ no If presently employed, do you have a problem with us contracting your employer?
4. ___ yes ___ no Do you have any commitments to another employer or organization which might interfere with or affect your employment with us?
5. ___ yes ___ no Have you ever been convicted of, or are you now under indictment for any felony or misdemeanor other than a minor traffic violation? (a conviction will not necessarily disqualify you for employment)
6. ___ yes ___ no Have you ever been fired, forced or asked to resign from a job?
7. ___ yes ___ no Have you ever received a disciplinary action from any employer?
8. ___ yes ___no Have you ever been accused of any PREA violation, sexual assault, sexual harassment or sexual misconduct?

Please explain any YES answers for questions 2-8 from above:

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REFERENCES

List three persons whom we may contact who are NOT related to you and who have a definite knowledge of your qualifications and fitness for the position you are applying for.

Full name	Address	Phone number	Occupation
1.			
2.			
3.			

EMPLOYMENT HISTORY

List jobs in reverse order, starting with your present or last job. Describe the positions to help give a clear picture of duties you have performed. Please include part-time, temporary, and volunteer jobs. To evaluate your qualifications we must have accurate and complete information about previous job tasks and levels of responsibility.

_____	_____	_____
Present or Last Job	Title	From M/D/Y
_____	_____	_____
Address	Phone number	To
M/D/Y		
_____	_____	_____
Supervisor	Starting pay	Ending Pay
Duties performed:	_____	

Reason for leaving:	_____	

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Present or Last Job Title From M/D/Y

Address Phone number To
M/D/Y

Supervisor Starting pay Ending Pay

Duties performed: _____

Reason for leaving: _____

Present or Last Job Title From M/D/Y

Address Phone number To
M/D/Y

Supervisor Starting pay Ending Pay

Duties performed: _____

Reason for leaving: _____

Present or Last Job Title From M/D/Y

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Address
M/D/Y

Phone number

To

Supervisor

Starting pay

Ending Pay

Duties performed: _____

Reason for leaving: _____

MILITARY SERVICE

Have you ever served on active duty in the U.S. Armed Forces? ____ yes ____ no

Dates: From: _____ To _____ Branch: _____

Primary Duties / Trainings: _____

Please use this next section and tell us WHY you would like to work for our company (please write a full paragraph):

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I hereby certify that the information given in this application is correct and complete. I understand any false statements, omissions, or misrepresentations contained in this application, interview, or related correspondence may disqualify me from employment consideration. Should an investigation at any time disclose any falsification, omission, or misrepresentation, said disclosure may be grounds for termination of employment. I consent to the release of information by employers, schools, law enforcement agencies, and other authorized personnel to verify the information contained in this application.

Note: employees are subject to a 180 day probationary period for the purposed of evaluation their performance and may be terminated without cause during that period.

Signature

Date

AUTHORIZATION

By signing below, I hereby voluntarily authorize this organization to obtain either a consumer report or an investigative consumer report about me from a consumer reporting agency and to consider this information when making decisions regarding my employment at this organization. I understand that I have rights under the Fair Credit Reporting Act, including the rights discussed above.

Signature

Date

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AUTHORIZATION TO OBTAIN CRIMINAL BACKGROUND CHECK

I hereby authorize Advantage Treatment Center to obtain a criminal background check for the purpose of evaluating suitability for employment. I understand that this report is one part of the overall evaluation process.

First Name _____

Middle Name/Initial: _____

Last name: _____

Date of Birth (M/D/Y) _____

Place of Birth (city/state) _____

Social Security Number _____

Years Resided in
Colorado: _____

Other Name(s): _____

List all previous
address(es) if you have not
lived in Colorado for the
past 7 years

Signature _____ Date _____

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