

Working to Wellness Employment Application

The Working to Wellness Employment Program will be accepting application on a “first come, first serve” basis. Twenty (20) clients from the Whiteriver area and five (5) clients from the Cibecue area will be selected. At least 80% of the clients will be required to have AHCCCS or show proof that they have applied for benefits. Clients will be invited to be interviewed based upon desire to participate and sobriety status; and will have to meet the basic requirements of the program. Interview will take place after the applicant successfully passes a drug screening (urinalysis) test. Clients who do not obtain a clean show on the pre-interview drug test will not be eligible to interview for inclusion in the program.

Requirements for the Working to Wellness Employment Program

- **RAINBOW TREATMENT CENTER WORKING TO WELLNESS APPLICATION** with all **ATTACHED** documents:
 - **SOCIAL SECURITY CARD**
 - **PHOTO ID**-Driver’s License, State I.D. or Tribal Voter Registration Card
 - **CURRENT LETTER OF AHCCCS ELIGIBILITY**- A Xerox copy stating you are approved or not approved (AHCCCS cards will not be accepted)
 - **CURRENT RTC ASSESSMENT** – (Updated-if it has been 6 months or more)
 - **SOBRIETY STATUS FORM**
 - **OPT CERTIFICATE (FINISHED W/IN LAST YEAR-with signature of counselor)**
 - **TWO (2) CURRENT REFERENCE LETTERS**
 - **COMPLETED WMAT TRIBAL EMPLOYMENT APPLICATION**
- **HAVE BEEN SOBER FOR SIX (6) MONTHS AND CONTINUE TO MAINTAIN YOUR SOBRIETY**
- **MUST BE UNEMPLOYED**

If selected, you will be required to:

- ❖ Pass a weekly drug and alcohol test (Urinalysis)
- ❖ Obtain a fingerprint clearance card

Working to Wellness Schedule:

- Applications available: **OPEN ENROLLMENT**
- Closing Date: **OPEN ENROLLMENT**
- Notify applicants for interview: **AS SOON AS DEEMED ELIGIBLE**
- Orientation: **AS SOON AS DEEMED ELIGIBLE FOR PROGRAM**

WORKING TO WELLNESS EMPLOYMENT APPLICATION

NAME OF APPLICANT:

(Please Print)

REQUIRED DOCUMENTS:

Working to Wellness Application

Two (2) Forms of Identification: Copy of Social Security Card & Photo ID (Driver's License, State ID, Tribal ID)

Copy of AHCCCS letter stating you are approved or not approved.

Rainbow Treatment Center Verification of Enrollment/Completion of Outpatient Form (Signature of counselor required)

Sobriety Status Form

Two (2) **Current** Reference Letters* from someone you have worked with.

**(if not applicable, please submit a character reference letter)*

Letters cannot be written by family members

WMAT Employment Application

You will be notified by phone or letter when we have processed your application. Please allow a few days after the deadline date for your application to be processed. **DO NOT CALL** about the status of your application. We will call you if we have questions about the information on your application; please include a valid (working phone number that has minutes); or provide and identify an individual whose number you use so that we may contact them to deliver a message to you regarding this application.

OFFICE USE ONLY	Person receiving application:	Date received & time:

Working to Wellness Employment Application

- Read all instructions carefully
- Type or print information neatly and legibly
- Application is current for 6 months
- **The following documents must be attached:**
 - Social Security Card
 - Photo Identification
 - Copy of AHCCCS Letter *(Approval or Denial)
 - Two (2) Updated Reference letters

Today's Date: _____

Name: *(Last, first, Middle) _____

Social Security #: _____ D.O.B: _____

Cell Phone #:	Message Phone #:	Have you ever been in the Working to Wellness Program? NO YES: When?
P.O. Box:	City/State:	Zip Code:
Which community do you live in?		Driver's License #:
Physical Address:		Tribal Affiliation:
Have you been convicted of a felony? If yes, Explain.		
Are you currently Employed? No Yes: Where?		
Marital Status: Single: Married: Divorced: Widowed: Partnered:		

Please indicate languages you can Speak, Write or Read:

	Fluent	Good	Fair
Speak			
Read			
Write			

EDUCATION: Submit copies of Diplomas or Certificates *(if applicable)

School Name:	Address City/State:	Dates Attended:	Highest Grade Completed	Diploma/ Degree Date Received:

WORK HISTORY: List **MOST** recent:

Employer:	Your Job Title:
Address:	Phone #:
Type of Business:	
Supervisors Name and Title:	Dates Worked:
Reason for Leaving:	
May we contact your previous Employer? <i>If yes, Name of Employer & phone number</i>	

Additional Information:

Summarize special skills and qualifications acquired from employment or other experiences that may assist you to work in the Working to Wellness Program:

Please list your personal strengths which help you to cope in a positive way with life's challenges:

1.
2.
3.

List any problem areas which might interfere in coping with stress and challenges:

1.
2.
3.

List any other information you would like Rainbow Treatment Center to consider:

By signing this application I certify under the penalty of law that the information provided in this application is true, correct and complete to the best of my knowledge and belief. I also acknowledge that should any investigation at any time disclose any misrepresentation or falsification, my application may be rejected. And my name may be removed from further consideration. And I may be disqualified from the RTC Working to Wellness Employment Program. I also authorize White Mountain Apache Tribe Division of Human Resources, Rainbow Treatment Center to make all necessary and appropriate investigations allowable by law to verify the information provided.

Signature of Applicant:

Today's Date:

Sobriety Status Form

Please answer the following questions:

How long have you been sober?

Is it a challenge for you to maintain your sobriety? Please explain.

What are you doing to maintain your sobriety? Please explain.

By signing this application I certify under the penalty of law that the information provided in this application is true, correct and complete to the best of my knowledge and belief. I also acknowledge that should any investigation at any time disclose any misrepresentation or falsification, my application may be rejected. And my name may be removed from further consideration. And I may be disqualified from the RTC Working to Wellness Employment Program. I also authorize White Mountain Apache Tribe Division of Human Resources, Rainbow Treatment Center to make all necessary and appropriate investigations allowable by law to verify the information provided.

Signature of Applicant:

Today's Date:

Certification of Completion of Outpatient/RTP Treatment Form

*****Please have your assigned counselor complete the following*****

Date:
Name (Please Print):
Social Security #:
Date of Birth:

- Has completed the OPT/RTP Program on: _____
Date
- Currently enrolled with anticipated completion date: _____
Date

RTC OPT/RTP/Case Manager Signature

Date: