

APPLICATION FOR EMPLOYMENT

DATE										
SOCIAL SECURITY NUMBER										
<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>										
NAME (Last)				(First)				(MI)	SUFFIX (JR.)	
ADDRESS (Number and Street)										
CITY						STATE		ZIP CODE (Last 4 digits are optional)		
AREA CODE HOME PHONE NUMBER				DAYS/HOURS AVAILABLE TO WORK						
POSITION APPLIED FOR										
DESIRED HOURLY RATE OF PAY			Drivers License <input type="checkbox"/> Yes <input type="checkbox"/> No		If you are 17 years old or younger, enter your age					
What kind of position are you applying for? <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Either			HOW MANY HOURS CAN YOU WORK PER WEEK?							
EDUCATION: Have you graduated from High School or received a High School equivalency diploma? <input type="checkbox"/> Yes <input type="checkbox"/> No				If No, circle highest grade completed:						
				1 2 3 4 5 6 7 8 9 10 11 12						
SCHOOL	NAME	ADDRESS	DATES ATTENDED		CREDIT HOURS COMPLETED	TYPE OF DEGREE RECEIVED	MAJOR COURSE OF STUDY	DID YOU GRADUATE?		
HIGH SCHOOL			FROM	TO						
TECHNICAL OR BUSINESS										
COLLEGE OR UNIVERSITY										
HAVE YOU EVER BEEN CONVICTED OF A CRIME? <input type="checkbox"/> Yes <input type="checkbox"/> No										
If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type of rehabilitation.										
List additional skills, knowledge and abilities you possess:										

INSTRUCTIONS

Beginning with your **PRESENT OR MOST RECENT** employment or volunteer experience and **working backward**, list all positions held **which are necessary for determining your eligibility for employment**. List all positions (titles) separately; even if with the same employer. Clearly describe the work (duties) you personally performed. **You must fill out this application completely even if a resume is being attached.**

Official Job title (Start with most recent job)		Company Name			Type of Business	
Title of Immediate Supervisor		Dept. Where Assigned		Business Address/Phone No.		
Employed From: (Mo.)	(Yr.)	To: (Mo.)	(Yr.)	Total (Yrs. Mos.)	Salary or Wage \$	Hours Per Week (Full-time) (Part-time)
					Per	
No. and Titles of Employees Supervised by You				Reason for Leaving		
DUTIES (must be listed)						
Official Job title (Start with most recent job)		Company Name			Type of Business	
Title of Immediate Supervisor		Dept. Where Assigned		Business Address/Phone No.		
Employed From: (Mo.)	(Yr.)	To: (Mo.)	(Yr.)	Total (Yrs. Mos.)	Salary or Wage \$	Hours Per Week (Full-time) (Part-time)
					Per	
No. and Titles of Employees Supervised by You				Reason for Leaving		
DUTIES (must be listed)						
Official Job title (Start with most recent job)		Company Name			Type of Business	
Title of Immediate Supervisor		Dept. Where Assigned		Business Address/Phone No.		
Employed From: (Mo.)	(Yr.)	To: (Mo.)	(Yr.)	Total (Yrs. Mos.)	Salary or Wage \$	Hours Per Week (Full-time) (Part-time)
					Per	
No. and Titles of Employees Supervised by You				Reason for Leaving		
DUTIES (must be listed)						

CERTIFICATION: I certify that the statements made by me on this application are true and complete to the best of my knowledge and are made in good faith. I understand that if I knowingly make any misstatement of fact, I am subject to disqualification and dismissal and to such other penalties as may be prescribed by law or personnel regulations. All statements made on this application, including employment information, are subject to verification as a condition of employment.

PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by New Start Detox, I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other New Start Detox practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of New Start Detox, or otherwise to change in any respect the employment at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the Executive Director of New Start Detox. Both the undersigned and New Start Detox may end the employment relationship at any time, without specified notice or reason. If employed, I understand that New Start Detox may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give New Start Detox permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release New Start Detox from any liability as a result of such contract.

I also understand that (1) New Start Detox has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of my employment application, New Start Detox may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, New Start Detox will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with New Start Detox shall be probationary for a period of ninety (90) days, and further that at any time during the probationary period or thereafter, my employment relation with New Start Detox is terminable at will for any reason by either party.

Signature of applicant _____ **Date:** _____