

Employment Application

Applicant Information

Applicant Name _____
Address _____
City/State/Zip _____
Number of years at this address? _____
Daytime phone: _____
Evening phone: _____
Social Security Number _____ D.O.B _____
Driver's License # (State/Number) _____

Emergency Contact

Contact Name: _____
Relationship to you: _____
Address: _____
City/State/Zip _____
Daytime phone _____
Evening phone _____

Job Position Applied For _____
Salary Desired \$ _____
Who referred you to our company? _____
How will you get to work? _____
Are you willing to work any shift, including nights and weekends? Y _____ N _____
If no, please state any limitations: _____

If you are offered employment, when would you be available to begin work?

Have you ever been convicted of any crime, including traffic violation? Y _____ N _____
If yes, please describe: _____

Applicant's Skills

Typing	_____	12345
Microsoft Office	_____	12345
Answering telephones	_____	12345
Customer service	_____	12345
CARS certified	_____	12345
Illinois Repossession E License	_____	12345
Class C Driver's License	_____	12345
Quick Books	_____	12345

Employment History

List your current or most recent employment first

Employer Name: _____
Supervisors Name _____
Address: _____
City/State/Zip _____
Job Duties _____
Reason for Leaving _____
Dates of Employment (Month/Year) _____

Employer Name: _____
Supervisors Name _____
Address: _____
City/State/Zip _____
Job Duties _____
Reason for Leaving _____
Dates of Employment (Month/Year) _____

Institution & Address	Degree/Achievement Earned

References

List any two people who would be willing to provide a reference for you.

Name: _____
Address _____
City/State/zip _____
Telephone _____
Relationship _____

Name: _____
Address _____
City/State/zip _____
Telephone _____
Relationship _____

CERTIFICATION

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application, or if employment commences immediate termination.

I authorize DONE RITE RECOVERY SERVICES to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance and grades. I authorize those persons designated as reference to fully and freely communicate information regarding my previous employment and education.

If an employment relationship is created, I understand that unless I am offered a specific written contract of employment signed on behalf of the organization by its Manager, the employment relationship will be "at-will". In other words, the relationship will be entirely voluntary in nature, and either I or my employer will be able to terminate the employment relationship at any time and without cause. With appropriate notice, I will have the full and complete discretion to end the employment relationship when I choose and for reasons of my choice. Similarly, my employer will have the right. Moreover, no agent, representatives, or employee of DONE RITE RECOVERY SERVICES, except in a specific written contract of employment signed on behalf of the organization by its Manager, has the power to alter or vary the voluntary nature of the employment relationship.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS IF EMPLOYED BY DONE RITE RECOVERY SERVICES I UNDERSTAND I MAY BE SUBJECT TO SUBMIT TO A DRUG TEST, POLYGRAPH, OR PHYSICAL AT ANY TIME.

Signature of applicant: _____ Date: _____