

APPLICATION FOR EMPLOYMENT

Facility : _____

DATE: _____

PERSONAL INFORMATION									
LAST NAME			FIRST NAME				MIDDLE NAME		
HOME PHONE () ()		WORK PHONE () ()		MOBILE PHONE () ()		E-MAIL ADDRESS		SOCIAL SECURITY NUMBER	
HOME ADDRESS				APT. NO.	CITY			STATE	ZIP CODE
1. HAVE YOU PREVIOUSLY BEEN EMPLOYED BY CRC HEALTH GROUP OR ANY OF ITS SUBSIDIARIES/AFFILIATES? IF YES, PLEASE LIST NAME (S) USED, DATES, AND LOCATION(S) OF EMPLOYMENT									<input type="checkbox"/> YES <input type="checkbox"/> NO
2. DO YOU HAVE RELATIVES EMPLOYED BY CRC HEALTH GROUP OR ANY OF ITS SUBSIDIARIES/AFFILIATES? IF YES, LIST NAME(S), RELATIONSHIP(S), AND LOCATION(S)									<input type="checkbox"/> YES <input type="checkbox"/> NO
3. IF YOU ARE UNDER 18 YEARS OF AGE AND NOT A HIGH SCHOOL GRADUATE: DO YOU HAVE A WORK PERMIT?									<input type="checkbox"/> YES <input type="checkbox"/> NO
4. ARE YOU LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES?									<input type="checkbox"/> YES <input type="checkbox"/> NO
5. WILL YOU NOW OR IN THE FUTURE REQUIRE SPONSORSHIP FOR EMPLOYMENT VISA STATUS (e.g. H1-B status)?									<input type="checkbox"/> YES <input type="checkbox"/> NO
6. HAVE YOU SIGNED A NON-COMPETE AGREEMENT WITH YOUR CURRENT EMPLOYER OR A PREVIOUS EMPLOYER WITHIN THE PAST FIVE YEARS? IF YES, CAN YOU PROVIDE US WITH A COPY OF THE DOCUMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO									<input type="checkbox"/> YES <input type="checkbox"/> NO
WORK PREFERENCES									
TYPE OF EMPLOYMENT DESIRED		<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> ON CALL/TEMPORARY		HOW WERE YOU REFERRED? <input type="checkbox"/> EMPLOYEE _____ <input type="checkbox"/> OTHER EXPLAIN _____ <input type="checkbox"/> AGENCY <input type="checkbox"/> AD <input type="checkbox"/> WALK-IN <input type="checkbox"/> STATE EMPLOYMENT OFFICE <input type="checkbox"/> INTERNET					
POSITION DESIRED:			REQUISITION NO:		LOCATION(S) PREFERRED			SALARY DESIRED:	
EMPLOYMENT HISTORY									
Please fill out completely. List all current and former employment for the last ten years, beginning with the most recent. Include military service, self-employment, volunteer experience, time in school, and periods of unemployment. (Attach additional sheets, if necessary.) May we contact your present employer? <input type="checkbox"/> YES <input type="checkbox"/> NO									
COMPANY NAME		TELEPHONE NUMBER		MONTH	YEAR	SALARY PER <input type="checkbox"/> WK. <input type="checkbox"/> MO. <input type="checkbox"/> YR.		STARTING	FINAL
				FROM:				\$	\$
STREET		CITY	STATE		ZIP CODE		OTHER COMPENSATION, I.E. BONUS, SHIFT DIFFERENTIAL, COMMISSION, ETC. (SPECIFY)		
TITLE		SUPERVISOR					\$	PER <input type="checkbox"/> MO. <input type="checkbox"/> YR.	
DUTIES AND RESPONSIBILITIES									
REASON FOR LEAVING									
COMPANY NAME		TELEPHONE NUMBER		MONTH	YEAR	SALARY PER <input type="checkbox"/> WK. <input type="checkbox"/> MO. <input type="checkbox"/> YR.		STARTING	FINAL
				FROM:				\$	\$
STREET		CITY	STATE		ZIP CODE		OTHER COMPENSATION, I.E. BONUS, SHIFT DIFFERENTIAL, COMMISSION, ETC. (SPECIFY)		
TITLE		SUPERVISOR					\$	PER <input type="checkbox"/> MO. <input type="checkbox"/> YR.	
DUTIES AND RESPONSIBILITIES									
REASON FOR LEAVING									
COMPANY NAME		TELEPHONE NUMBER		MONTH	YEAR	SALARY PER <input type="checkbox"/> WK. <input type="checkbox"/> MO. <input type="checkbox"/> YR.		STARTING	FINAL
				FROM:				\$	\$
STREET		CITY	STATE		ZIP CODE		OTHER COMPENSATION, I.E. BONUS, SHIFT DIFFERENTIAL, COMMISSION, ETC. (SPECIFY)		
TITLE		SUPERVISOR					\$	PER <input type="checkbox"/> MO. <input type="checkbox"/> YR.	
DUTIES AND RESPONSIBILITIES									
REASON FOR LEAVING									
COMPANY NAME		TELEPHONE NUMBER		MONTH	YEAR	SALARY PER <input type="checkbox"/> WK. <input type="checkbox"/> MO. <input type="checkbox"/> YR.		STARTING	FINAL
				FROM:				\$	\$
STREET		CITY	STATE		ZIP CODE		OTHER COMPENSATION, I.E. BONUS, SHIFT DIFFERENTIAL, COMMISSION, ETC. (SPECIFY)		
TITLE		SUPERVISOR					\$	PER <input type="checkbox"/> MO. <input type="checkbox"/> YR.	
DUTIES AND RESPONSIBILITIES									
REASON FOR LEAVING									
EMPLOYMENT HISTORY (Continued)									

ALL APPLICANTS WILL RECEIVE CONSIDERATION FOR EMPLOYMENT WITHOUT REGARD TO RACE, ANCESTRY, COLOR, RELIGION, SEX, AGE, MARITAL STATUS, SEXUAL ORIENTATION, NATIONAL ORIGIN, MEDICAL CONDITION, DISABILITY, VETERAN STATUS, OR ANY OTHER BASIS PROTECTED BY THE LAW.



COMPANY NAME	TELEPHONE NUMBER		MONTH	YEAR	SALARY PER <input type="checkbox"/> WK. <input type="checkbox"/> MO. <input type="checkbox"/> YR.
		FROM:			STARTING
		TO:			FINAL
					\$
STREET	CITY	STATE	ZIP CODE	OTHER COMPENSATION, I.E. BONUS, SHIFT DIFFERENTIAL, COMMISSION, ETC. (SPECIFY)	
TITLE	SUPERVISOR				\$
					PER <input type="checkbox"/> MO. <input type="checkbox"/> YR.
DUTIES AND RESPONSIBILITIES					
REASON FOR LEAVING					
EDUCATION List the names of educational institutes attended. (Voluntary unless required for the job)					
SCHOOL NAME	LOCATION/CITY/STATE	CHECK LAST YEAR COMPLETED		MAJOR/SUBJECTS	DIPLOMA/DEGREE
HIGH SCHOOL/GED		9 <input type="checkbox"/>	10 <input type="checkbox"/>	11 <input type="checkbox"/>	12 <input type="checkbox"/>
COLLEGE(S), UNIVERSITY(IES)		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
COLLEGE(S), UNIVERSITY(IES)		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
GRADUATE SCHOOL		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
TRADE/BUSINESS SCHOOL(S)		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
LICENSES, CERTIFICATION, AND/OR SPECIAL TRAINING THAT MAY QUALIFY YOU AS BEING ABLE TO PERFORM JOB RELATED FUNCTIONS IN THE POSITION FOR WHICH YOU ARE APPLYING (INCLUDE SERIAL NUMBER AND EXPIRATION DATES):					
SKILLS					
SPECIAL LANGUAGE SKILLS					
COMPUTER SKILLS: WORD PROCESSING, SPREADSHEETS, DATABASE, GRAPHICS (PLEASE LIST ALL PROGRAMS USED).					
BUSINESS REFERENCES: Please list two recent work related references who are not relatives.					
NAME: (LAST, FIRST)		TELEPHONE: ()		TITLE:	
NAME: (LAST, FIRST)		TELEPHONE: ()		TITLE:	
GENERAL INFORMATION					
1. Have you ever been convicted of any criminal violation of the law, or are you now under pending investigation or charges of violation of criminal law? (Do not respond concerning the following: arrests or detentions that did not result in conviction; referrals to, and participation in, any pretrial or post-trial diversion program; marijuana-related convictions more than two years old; convictions for which the record has been judicially ordered sealed, expunged, or statutorily eradicated; and misdemeanor convictions for which probation has been successfully completed or otherwise discharged and the case has been judicially dismissed.) <input type="checkbox"/> YES <input type="checkbox"/> NO					
2. Will you be able to perform, in a reasonable manner, the essential functions of the job for which you are applying? If no is checked, are there any accommodation(s) which would enable you to perform those job functions? Please describe the accommodations. <input type="checkbox"/> YES <input type="checkbox"/> NO					
3. Drivers License Number, if driving is a job requirement. List State and Number :					
AGREEMENT					
1. I acknowledge that employment with CRC Health Group or any of its affiliated or related companies, is entirely on an at-will basis and receipt of this application does not imply that I will be employed, nor is it a contract for employment. _____(initials)					
2. I understand that I can quit employment and that I can be terminated from employment at any time, for any reason or for no reason, with or without notice. I further understand and agree that no person at CRC Health Group, or any of its affiliations or subsidiary companies, has any power or authority whatsoever, either actual or implied, to change, modify, or delete the at-will nature of my employment, except in writing, signed by the Chief Executive Officer or his/her designee and only in writing. _____(initials)					
3. I certify that all statements made by me on this application and in the course of the pre-employment process are true and complete to the best of my knowledge and that I have withheld nothing. _____(initials)					
4. I authorize my previous employers and/or schools to give any information regarding my employment and/or educational record. I agree that CRC Health Group, Inc. or any of its affiliated or related companies and my previous employers shall not be held liable in any respect if an employment offer is not tendered, is withdrawn, or my employment is terminated because of false statements, answers or omissions made by me in this application. _____(initials)					
5. In the event of my employment with CRC Health Group, Inc. or any of its affiliated or related companies, I will comply with all applicable policies, rules, and regulations. _____(initials)					
6. I understand that, as a condition of employment, I may be fingerprinted, and/or a background criminal investigation conducted. A record of my criminal convictions, if any, will be examined. _____(initials)					
7. I understand and agree that my employment may be conditioned, where required, on the satisfactory results of medical exam, TB test, and drug screening. _____(initials)					
8. I understand and agree that any offer of employment is conditioned on my providing satisfactory proof of my identity and legal authority to work in the USA for CRC Health Group, Inc. or its affiliated or related companies, as the case may be, and if I fail to provide satisfactory proof, my employment will be terminated. _____(initials)					
I hereby acknowledge that I have read the above statement, initialed each, understand the same, and accepted all the foregoing terms.					
SIGNATURE: _____				DATE: _____	

FACILITY NAME: _____

**VOLUNTARY SELF IDENTIFICATION
CONFIDENTIAL-FOR STATISTICAL PURPOSE ONLY**

TO THE APPLICANT: This Facility is an Equal Employment Opportunity Employee and, as such, conducts all employment-related activities without regard to unlawful considerations of race, national origin, gender, disability, age, religion or any other legally protected category. To demonstrate that we meet Equal Employment Opportunity requirements, we must maintain statistical information about our applicants and employees. The information requested below will help us meet our requirements. It will not be used for any unlawful purposes. Your submission of this information, or refusal to provide it, will not affect your application for employment nor be used to make any unlawful employment decisions. Your application will be considered in the same manner whether or not you complete this form. The information provided will be kept confidential, except as required or permitted by law, and maintained separately from your employment application. Your participation is entirely voluntary and greatly appreciated.

PLEASE COMPLETE IN FULL:		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		DATE:	
NAME (Last)	(First)	(Middle)	SOCIAL SECURITY NUMBER :		
1st JOB PREFERENCE			REQUISITION NUMBER (If not know leave blank)		
2nd JOB PREFERENCE			REQUISITION NUMBER (If not know leave blank)		
REFERRAL SOURCE: Check One <input type="checkbox"/> Walk in <input type="checkbox"/> Employee Referral <input type="checkbox"/> Advertisement <input type="checkbox"/> Agency <input type="checkbox"/> Community/Public Agency <input type="checkbox"/> School <input type="checkbox"/> Internet <input type="checkbox"/> Unsolicited					

ETHNIC GROUP:

(PLEASE CHECK ONE OF THE ETHNIC GROUPS WITH WHICH YOU MUST IDENTIFY)

- CAUCASIAN** (not of Hispanic origin): All persons having origins in any original people of Europe, North African or Middle East.
- AFRICAN AMERICAN/BLACK** (not of Hispanic origin): All persons having origins in any Black racial groups of Africa.
- HISPANIC**: All persons of Mexican, Puerto Rican, Cuban, Central and South American, or other Spanish culture or origin, regardless of race.
- ASIAN OR PACIFIC ISLANDER**: All persons having origins in any of the original peoples of the Far East, Southwest Asia, the Indian Subcontinent or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Island and Samoa.
- NATIVE AMERICAN (AMERICAN INDIAN) OR ALASKAN NATIVE**: All persons having origin in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
- OTHER**: (please specify): _____

VETERAN STATUS:

(PLEASE CHECK ONE OF THE BOXES BELOW IF IT DESCRIBES YOUR VETERAN STATUS)

- A Vietnam Era Veteran** is someone who served on active duty for a period of more than 180 days and was discharged or released with other than a dishonorable discharge, if any such active duty occurred:
a) in the Republic of Vietnam between February 7, 1961 and May 7 1975
b) or between August 5, 1964 and May 7, 1975 in all other cases; or
c) was discharged or released from active duty for a service-connected disability of any part of such active duty was performed during the dates described above.
- A Special Disabled Veteran** is a veteran who is entitled to compensation under laws administered by the DVA for a disability: rated at 30% or more or rated at 10-20% in the case of a veteran who has been determined to have a serious employment handicap or who was discharged or released from active duty because of a service connected disability.
- An Other Covered Veteran** is a veteran who served on active duty during a war or campaign for which a badge was awarded.
- A Recently Separated Veteran** is any veteran during the one year period beginning on the date of such veteran's discharge or release from active duty.