

PERSONAL

Name _____ Social Security Number _____
Last First Middle Initial

Address _____
Street Apt. No. City State Zip Code

Home Phone Number (____) _____ Date Available for Work _____

Message/Cell Number (____) _____ Email Address _____

POSITION DESIRED

First Preference _____ Second Preference _____

Employment Desired: Full Time Part Time PRN Temporary

Mark Shifts You Can Work: Day Evening Can You Work Weekends? Yes No

WORK AUTHORIZATION

Can you provide evidence of authorization to work in the United States if a job offer is made? Yes No

GENERAL INFORMATION

1. Have you ever been convicted of a felony, a misdemeanor (including DUI), received a deferred adjudication or plead "nolo contendere" or "no contest?"
 Yes No
 If yes, explain: _____

 (where) _____ (when) _____ Offense _____
County State Month / Year

(Disclosure of a criminal record will not necessarily disqualify you for employment consideration. Each conviction will be evaluated on its own merits with respect to time, circumstances and seriousness, in relation to the job for which you are applying. However, failure to disclose such information may result in disqualification of your application or termination of employment.)

2. Are you at least 18 years of age? Yes No

3. Have you applied with Cornerstone Recovery, Inc. before? Yes No

4. Have you ever worked for a Recovery Program? Yes No If yes, Date: From _____ to _____
 Position _____ Dept. _____

5. Do you have any relatives employed at a Cornerstone Recovery? Yes No Facility: _____
 If yes, their name(s) _____

6. Please list the languages (including sign) that you can fluently speak, read or write:

Language	Speak	Read	Write
_____	_____	_____	_____
_____	_____	_____	_____

EMPLOYMENT HISTORY (Begin with the present and most recent and complete all information)			
Name of Employer	Immediate Supervisor	Currently Employed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Address	Employer Phone (including Area Code)	May we Contact?	Yes <input type="checkbox"/> No <input type="checkbox"/>
City, State, Zip Code		Employed From (Month/Year)	Employed To (Month/Year)
		Starting Salary	Ending Salary
Job Title and Description of Duties			
Reason for Leaving			
Name of Employer	Immediate Supervisor		
Address	Employer Phone (including Area Code)	Employed From (Month/Year)	Employed To (Month/Year)
City, State, Zip Code		Starting Salary	Ending Salary
Job Title and Description of Duties			
Reason for Leaving			
Name of Employer	Immediate Supervisor		
Address	Employer Phone (including Area Code)	Employed From (Month/Year)	Employed To (Month/Year)
City, State, Zip Code		Starting Salary	Ending Salary
Job Title and Description of Duties			
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Name of Employer	Immediate Supervisor		
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City, State, Zip Code		Starting Salary	Ending Salary
Job Title and Description of Duties			
Reason for Leaving			
Name of Employer	Immediate Supervisor		
Name of Employer	Immediate Supervisor		
Address	Employer Phone (including Area Code)	Employed From (Month/Year)	Employed To (Month/Year)
City, State, Zip Code		Starting Salary	Ending Salary
Job Title and Description of Duties			
Reason for Leaving			

NOTE: Please attach resume, if needed, to encompass the past 10 years of employment.

Have you ever been discharged by any employer? Yes No If yes, provide employer, date and circumstances: _____

REFERENCES (Do Not List Relatives)			
NAME	ADDRESS	PHONE (Including Area Code)	OCCUPATION
1.			
2.			
3.			

PROFESSIONAL LICENSURE, REGISTRATION OR CERTIFICATION Applicants for Professional or Administrative Positions			
TYPE	NUMBER	STATE	EXPIRATION DATE

Has your professional licensure, registration or certification ever been revoked, suspended or restricted by any licensing board or governmental authority? Yes No If yes, please provide dates, the license, registration or certification affected, the board governing authority and nature of action: _____

EDUCATION AND JOB RELATED SKILLS

CHECK HIGHEST LEVEL COMPLETED: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18

TYPE OF SCHOOL	NAME AND LOCATION	YEARS COMPLETED	DEGREE RECEIVED	MAJOR
HIGH SCHOOL GED				
JUNIOR COLLEGE				
COLLEGE / UNIVERSITY				
COLLEGE / UNIVERSITY				
BUSINESS / TRADE SCHOOL				
NURSING SCHOOLS				
OTHER				

JOB RELATED SKILLS:

List experience and special education received in the military:

Note any other details which should be considered in view of your qualifications, include honors and awards, publications, patents, etc.:

**IMPORTANT NOTICE
READ CAREFULLY BEFORE SIGNING THIS APPLICATION**

I verify that all of the information provided by me on this application and in exhibits and resumes is true, correct and complete. I have not withheld any information requested on this application. I understand that false, misleading, incomplete or omitted information on this application or exhibits or resumes will result in rejection of my application or dismissal if hired by Cornerstone Recovery, Inc.

Furthermore, I hereby authorize Cornerstone Recovery, Inc. and its agents to verify the information on this application and in exhibits and resumes, and to conduct an investigation regarding my suitability for employment. I release Cornerstone Recovery, Inc its agents, and all persons and companies from any claims, liabilities or damages for requesting or providing any information about me.

Furthermore, I hereby authorize this corporation or its agents to obtain, and I authorize all persons or entities holding such information to release, reports and information regarding my background including criminal convictions, if any, motor vehicle and driving records, credit records, and reliability/character information including investigative, consumer reports regarding my character, general reputation, personal characteristics and mode of living. I do hereby release and hold harmless Cornerstone Recovery, Inc. and any persons or entities obtaining or releasing such information from any liability resulting from obtaining and releasing such information. I understand that by making written request to you within 60 days as required by the Fair Credit Reporting Act, 125 U.S.C. § 1681, et. seq., I may learn the complete nature and scope of any credit agency report.

I understand that if employed, I will be required to complete a Federal I-9 form and to provide verification of identity and right to work in the United States.

If I am extended a conditional employment offer by Cornerstone Recovery, Inc., I may be requested to submit to a medical examination and/or answer medical questions through the Cornerstone Recovery, Inc. The results of the medical exam and/or the responses to the medical questions will be communicated to Cornerstone Recovery, Inc. and used in determining my suitability for employment. If I refuse to submit to the medical exam and/or answer the medical questions, I will not be further considered for employment. I also understand that if hired I may be required to submit to drug and alcohol testing and that a positive test may be grounds for dismissal.

I also understand and agree that if employed, the terms and conditions of my employment, including duties, hours, working area and days of work may be changed from time to time by the facility as it deems necessary, that I will conform to the rules and regulations of the facility and that employment with this facility is at the mutual consent of the employee and the facility. Accordingly, either the employee or the facility may terminate the employment relationship at will for any reason at any time. I understand that no supervisor, official or representative of this facility has any authority to enter into any contract of employment for any specific period of time or to make any agreement, orally or in writing, contrary to the terms of this paragraph.

I acknowledge the "Drug Free" policies of Cornerstone Recovery, Inc. If hired, I agree to abide by all policies and rules of Cornerstone Recovery, Inc.

I understand that if I am selected for employment I may be required to present proof of a checking or savings account to Human Resources for participation in the direct deposit pay system.

Signature

Date