



## APPLICATION FOR EMPLOYMENT

*We do not discriminate on the basis of race, color, religion, national origin, sex, age, disability, or any other status protected by law or regulation. It is our intention that all qualified applicants are given equal opportunity and that selection decisions be based on job-related factors.*

**NOTE: PLEASE ASK IF YOU NEED ASSISTANCE COMPLETING THIS APPLICATION.** TODAY'S DATE \_\_\_\_\_

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MIDDLE INITIAL \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

HOME OR MESSAGE PHONE ( ) \_\_\_\_\_ WORK ( ) \_\_\_\_\_ E-MAIL \_\_\_\_\_

Starting wage/salary expectations? \_\_\_\_\_ Have you ever been terminated or asked to resign?  Yes  No

For what position are you applying? \_\_\_\_\_ What date are you available to start work? \_\_\_\_\_

Shift(s) Available:  Days  Evenings  Nights  Weekends Would you prefer to work:  Full time  Part time  Per Diem

Will visa or immigration status prevent lawful employment? Yes  No  (Proof of right to work in the U.S. will be required if hired.)

Are you 18 years or older?  Yes  No (If no, employment is subject to minimum legal age requirements.)

Have you been convicted of any law violation (excluding minor traffic violations)?  Yes  No

If yes, describe in full: A conviction may not necessarily disqualify you from employment.

Convicted  Pled guilty  Pled *nolo contendere* (no contest)

Please describe the infraction (offense(s), date(s), location(s), and disposition): \_\_\_\_\_

Do you have a Non-Compete, Non-Disclosure, or other agreement that might restrict your employment with us?  Yes  No

Have you ever previously applied to or been employed by this company?  No  Applied  Employed Date \_\_\_\_\_

How did you learn about this position opening? \_\_\_\_\_

EDUCATION				
	Name and Location of School	Years Completed	Did you graduate?	Degrees Received
High School				
College				
Trade, Business or Graduate school				

Were you known by any other name at any job or school listed on this application? If yes, what name(s)? \_\_\_\_\_

At which school(s)/employer(s) were you known by this other name? \_\_\_\_\_

PROFESSIONAL LICENSURE
<p>Do you have any Professional/Trade Licenses, Certificates or Degrees directly related to the position for which you are applying?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes please list License and Certificate Numbers, Issuing Agency, and Expiration Date _____</p> <p>_____</p>
<p>Have you ever had an action against your license? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please explain</p> <p>_____</p> <p>_____</p> <p>_____</p>

EQUAL OPPORTUNITY EMPLOYER

**EMPLOYMENT RECORD (INCOMPLETE APPLICATIONS CANNOT BE ACCEPTED)**

Please list your employment history below beginning with the most recent employer going back 10 years or your last 5 employers (whichever is greater). Include U.S. military service and explain gaps in employment history.

Employer \_\_\_\_\_ Type of business \_\_\_\_\_ Telephone ( ) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Fax: ( ) \_\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_ Telephone ( ) \_\_\_\_\_  
Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_ May we contact this employer?  Yes  No Wage/Salary \_\_\_\_\_  
Duties \_\_\_\_\_

Reason for leaving:  Resigned with Notice  Terminated  Quit Without Notice  Laid off  Other (Describe): \_\_\_\_\_

Employer \_\_\_\_\_ Type of business \_\_\_\_\_ Telephone ( ) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Fax: ( ) \_\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_ Telephone ( ) \_\_\_\_\_  
Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_ May we contact this employer?  Yes  No Wage/Salary \_\_\_\_\_  
Duties \_\_\_\_\_

Reason for leaving:  Resigned with Notice  Terminated  Quit Without Notice  Laid off  Other (Describe): \_\_\_\_\_

Employer \_\_\_\_\_ Type of business \_\_\_\_\_ Telephone ( ) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Fax: ( ) \_\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_ Telephone ( ) \_\_\_\_\_  
Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_ May we contact this employer?  Yes  No Wage/Salary \_\_\_\_\_  
Duties \_\_\_\_\_

Reason for leaving:  Resigned with Notice  Terminated  Quit Without Notice  Laid off  Other (Describe): \_\_\_\_\_

Employer \_\_\_\_\_ Type of business \_\_\_\_\_ Telephone ( ) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Fax: ( ) \_\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_ Telephone ( ) \_\_\_\_\_  
Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_ May we contact this employer?  Yes  No Wage/Salary \_\_\_\_\_  
Duties \_\_\_\_\_

Reason for leaving:  Resigned with Notice  Terminated  Quit Without Notice  Laid off  Other (Describe): \_\_\_\_\_

Employer \_\_\_\_\_ Type of business \_\_\_\_\_ Telephone ( ) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Fax: ( ) \_\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_ Telephone ( ) \_\_\_\_\_  
Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_ May we contact this employer?  Yes  No Wage/Salary \_\_\_\_\_  
Duties \_\_\_\_\_

Reason for leaving:  Resigned with Notice  Terminated  Quit Without Notice  Laid off  Other (Describe): \_\_\_\_\_

**Pre-employment Questions**

Please answer the following questions in the space provided

Why are you interested in working with Eating Recovery Center?

What traits and personal characteristics would you like us to know about that set you apart from other job candidates?

Tell us about a time when you had to work extra hard to accomplish an extremely challenging goal. What was the goal? What made it difficult to achieve? What, specifically did you do to overcome obstacles in your way?

Describe a time when you took on a leadership role and helped your team or organization accomplish something special? Briefly describe the situation, the role you played and what you did to achieve a successful outcome.

**DRIVING RECORD – Please complete only if the position requires you to drive**

Has your driver's license ever been denied, limited, suspended or revoked? \_\_\_\_\_ If so, please provide complete information on action(s), date(s), location(s) and current status of your license.

---

Have you ever had any moving violations or been convicted of any driving offenses?  Yes  No

Describe:

---

Driver's License Number \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_

**REFERENCES**

List three individuals, not relatives, who are familiar with your work-related skills.

Name	Telephone	Years Acquainted	Working Relationship
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

**APPLICANT STATEMENT**

I certify that all of the information provided on this employment application and all resumes submitted to Eating Recovery Center are true, correct and complete. I understand that false, misleading, incomplete or omitted information on this application or resumes will result in the rejection of this application or termination, if hired, regardless of the date of discovery. I authorize all persons and organizations, including but not limited to my former employer and present employers and professional references, to provide Eating Recovery Center and its agents with complete information concerning my character, employment record and suitability for employment with Eating Recovery Center. I expressly authorize my previous employers to provide information and opinions concerning my work and work habits. Further, I release all parties (including the Company and its agents) and persons connected with any requests for information from all claims, liabilities, and damages for whatever reason, arising out of furnishing any information. If employed, I release the Company and its agents from any liability for future references it may provide regarding my work history with the Company. I understand that this authorization to obtain background information does not include a customer report under the federal Fair Credit Reporting Act. If Eating Recovery Center desires to conduct a consumer report of background check about me under the federal Fair Credit Reporting Act, I will receive a separate notice and authorization for that report.

Due to the large number of applications that Eating Recovery Center receives, I understand the organization cannot guarantee that my application will be considered for any or all open positions the Company may have or that my application will be considered for any specific length of time.

In the event of employment, I understand that I am required to abide by all current and subsequently issued rules and regulations of the Company and that my employment and compensation may be terminated, at any time, with or without notice, by either party.

**At-Will Employment**

All employment with Eating Recovery Center is "at will" in that it can be terminated with or without cause, and with or without notice, at any time, at the option of either Eating Recovery Center or yourself except as otherwise provided by law.

BY MY SIGNATURE I ACKNOWLEDGE THAT I HAVE READ, I UNDERSTAND AND I CONSENT TO THESE STATEMENTS.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date