



APPLICATION FOR EMPLOYMENT

Equal Opportunity Employer

PERSONAL INFORMATION

NAME			DATE
CURRENT ADDRESS	CITY	STATE	ZIP CODE
PERMANENT ADDRESS	CITY	STATE	ZIP CODE
PHONE NUMBER	EMAIL	REFERRED BY	

EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU CURRENTLY EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE CONTACT YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	HOURS REQUESTED: <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> OC
EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, WHAT LOCATION?	IF SO, WHEN DID YOU APPLY?

EDUCATION

NAME & LOCATION OF SCHOOL		YEARS ATTENDED	DID YOU GRADUATE	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS, OR CORRESPONDENCE				

SUBJECTS OF SPECIAL STUDY, RESEARCH WORK, OR SPECIAL TRAINING AND/OR SKILLS:

U.S. MILITARY OR NAVAL SERVICE	RANK
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EMPLOYMENT HISTORY

DATES: MONTH/YEAR	NAME AND ADDRESS OF EMPLOYER	POSITION	REASON FOR LEAVING
FROM: TO:			
FROM: TO:			
FROM: TO:			

REFERENCES - Please give the names of three persons not related to you, whom you have known at least one year.

NAME	PHONE NUMBER	BUSINESS	YEARS KNOWN
1.			
2.			
3.			

AUTHORIZATION –

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize the investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement for employment for any specified period of time, or to make any agreement contrary to the forgoing, unless it is in writing and signed by an authorized company representative."

I understand that Evergreen Recovery Centers is a drug-free workplace and that I may, as a condition of employment, be required to submit to drug testing.

Signature: _____ Date: _____

It is the policy of Evergreen Recovery Centers that no person shall be subjected to discrimination by this agency or its contractors because of race, color, religion, creed, national origin, gender, sexual orientation, age, marital status, military status, disabled veteran status, Vietnam Era veteran status, or the presence or perception of any physical disability including AIDS, or having tested positive for contracting HIV, or any other mental or sensory handicap.

DO NOT WRITE BELOW THIS LINE

REMARKS

NEATNESS			CHARACTER	
PERSONALITY			ABILITY	
HIRE	DEPT	POSITION	WILL REPORT	SALARY/WAGES

INTERVIEWED BY: _____ DATE: _____