

GREAT LAKES RECOVERY CENTERS, INC

APPLICATION FOR EMPLOYMENT

APPLICANTS MAY BE TESTED FOR ILLEGAL SUBSTANCE ABUSE

TO APPLICANT: We deeply appreciate your interest in our organization and assure you that we are sincerely interested in your qualifications. A clear understanding of your background and work history will aid us in placing you in the position that best meets your qualification and may assist us in possible future upgrading. This application will remain active for a period of 90 days. At the end of this time you must reapply for future openings.

(Please print clearly)

Date _____ Email Address: _____

Name: _____ Social Security Number: _____
Last First Middle

Present Address: _____
Number Street City State Zip

How long at this address _____ Telephone Number: (____) _____

If under 18, please list age _____

Are you legally eligible for employment in the U.S.A? ☐ Yes ☐ No

Do you have a valid Michigan driver's license? ☐ Yes ☐ No What is your means of transportation to work? _____

Driver's Lic or ID No. _____ State of Issue _____ ☐ Operator ☐ Commercial ☐ Chauffeur

Driver's Lic or ID expiration date _____

Have you had any accidents during the past three years? ☐ Yes ☐ No How Many? _____

Have you had any moving violations during the past three years? ☐ Yes ☐ No How Many? _____

Position(s) applied for: _____ Rate of salary desired: \$ _____ (Be Specific)

Employment desired ☐ Full-Time ☐ Part-Time ☐ Full or Part-Time ☐ Internship / Volunteer

How many hours can you work weekly? _____ Can you work nights? ☐ Yes ☐ No

When are you available for work? _____

Were you previously employed by us? ☐ Yes ☐ No If yes, when and under what name? _____

Have you ever been convicted of a crime? ☐ Yes ☐ No If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation;

***Previous misconduct as defined in 42 U.S.C. 1997:**

- (1) Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; ☐ Yes ☐ No
(2) Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; ☐ Yes ☐ No **-OR-**
(3) Has been civilly or administratively adjudicated to have engaged in the activity described in **Paragraph (a)(2) of Section 42 U.S.C. 1997.**
☐ Yes ☐ No

(Please include any substance abuse related convictions, but exclude misdemeanor and summary offense(s) not substance abuse related) If yes, describe in full:

Do you currently have any pending felony charges against you? ☐ Yes ☐ No; If yes, explain_____

Have you been or are you now on probation or parole? ☐ Yes ☐ No; If yes, explain_____

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying to.

MILITARY

Have you ever served in the Armed Forces? ☐ Yes ☐ No

Are you now a member of the National Guard? ☐ Yes ☐ No

Specialty_____ Date Entered_____ Discharge Date_____

RECORD OF EDUCATION

School	Name & City of School	Course of Study	Check Last Year Completed				Did you Graduate?	List Diploma or Degree
High School			1	2	3	4		
College			1	2	3	4		
Business or Trade School			1	2	3	4		
Professional School			1	2	3	4		

LIST BELOW ALL PRESENT AND PAST EMPLOYMENT, BEGINNING WITH YOU MOST RECENT EMPLOYMENT

(Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary).

Name & Address of Employer and Type of Business	From Mo/Yr	To Mo/Yr	Describe the work you did	Weekly Starting Salary	Weekly Ending Salary	Reason for Leaving	Name of Supervisor
Telephone:							

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Telephone:							

Name & Address of Employer and Type of Business	From Mo/Yr	To Mo/Yr	Describe the work you did	Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
Telephone:							

May we contact your present employer? ☐ Yes ☐ No If not, please indicate why you do not wish us to contact them and why:

PERSONAL REFERENCES (NOT FORMER EMPLOYERS OR RELATIVES)

Name & Occupation	Address	Phone Number

Please Read and Sign Below

The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex or national origin. Federal law also prohibits discrimination on the basis of age with respect to certain individuals. The laws of most States also prohibits some or all of the above types of discrimination as well as some additional types such as discrimination based upon based upon ancestry, marital status, or physical or mental handicap disability.

The facts set forth in my application for employment are true and complete. I understand that if employed, false statements or omissions on this application shall be considered sufficient cause for dismissal, regardless when discovered. You are hereby authorized to make any investigation of my personal history and financial and credit record through any investigative or credit agencies or bureaus of your choice.

I understand that if hired, my employment is expressly at will. Either I or the employer may terminate the relationship at any time, with or without notice and with or without cause. This condition of employment may not be altered by any verbal or written assurances, except pursuant to an individual written employment contract authorized and executed by the agency's Board of Directors.

In exchange for the consideration of my job application by Great Lakes Recovery Centers, Inc. (hereinafter called "GLRC"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manual, benefit plans, policy statements, and the like as they may exist from time to time, or other GLRC practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Great Lakes Recovery Centers, Inc. or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President/Chief Executive Officer of GLRC. Both the undersigned and Great Lakes Recovery Centers, Inc. may end the employment relationship at any time, without specified notice or reason. If employed, I understand that GLRC may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give GLRC permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release GLRC from any liability as a result of such contract.

I also understand that (1) GLRC has a Drug & Alcohol Policy that provides for pre-employment testing as well as testing during employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy.

I understand that, in connection with the routine processing of your employment application, GLRC may request from a consumer reporting agency and investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, GLRC, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with GLRC shall be probationary for a period of six (6) months, and furthermore that at any time during the probationary period or thereafter, my employment relation with GLRC is terminable at will for any reason by either party.

I have been informed of my employment status: ☐ Exempt ☐ Non-Exempt.

Did you complete this application yourself? ☐ Yes ☐ No If not, who did? _____

Signature of Applicant

Date