

Hope Valley Recovery
 2065 Stoneridge Dr.
 Circleville, Ohio 43113
 P: (740) 500-1391
 F: (740) 500-1395



Application for Employment

Date:	Our policy is to provide equal employment opportunity to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, ancestry, physical or mental disability or veteran status.
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Last Name:	First Name:	Middle:
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Street Address:

City:	State:	Zip:
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Telephone:	Social Security #:
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Are you a U.S. citizen or otherwise allowed to work in the U.S. on an unrestricted basis? (Check One)	Yes	No	Other names used? (if any)
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Are you looking for full-time employment? (Check One)	Yes	No	If no, what hours are you available?
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Are you willing to work swing shift? (Check One)	Yes	No	Are you willing to work graveyard? (Check One)	Yes	No
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Are you willing to work on an "as needed basis"? (PRN) (Check One)	Yes	No	Have you ever been convicted of a felony/misdemeanor? (Check One)	Yes	No
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If convicted of a felony/misdemeanor, please describe. List counties where charges occurred. List dates of charges.	Active probation/parole?	Yes	No
*** Misrepresentation of your criminal history may void terms of employment.			

Employment Desired:

Position applied for:

How did you hear of this position?

Have you every applied for employment here? (Check One)	Yes	No	When?	Where?
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Have you ever been employed by this company? (Check One)	Yes	No	When?	Where?
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Employment Desired Continued:

Are you presently employed? (Check One)	Yes	No	May we contact your present employer? (Check One)	Yes	No
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Are you available for full-time work? (Check One)	Yes	No	Are you available for part-time work? (Check One)	Yes	No
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Will you relocate? (Check One)	Yes	No	Are you willing to travel? (Check One)	Yes	No	If yes, what percent?
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Date you can start?	Desired position?	Desired starting salary?
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Please list applicable skills:

Education:

<i>School Name and Location</i>	<i>Year</i>	<i>Major</i>	<i>Degree</i>
High School:			
College:			
College:			
Post-Collage:			

Other Training:

In addition to your work history, are there any other skills, qualifications, or experience that we should consider?

Please list any scholastic honors received and offices held in school:

Are you planning to continue your studies? (Check One)	Yes	No
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If yes, where and what courses of study?

Employment History: (start with most recent employer)

1. Company Name:		Address:	
Date Started:	Starting Wage:	Starting Position:	
Name of supervisor?		May we contact? (Check One)	Yes No
Responsibilities:			
Reason for leaving:			

2. Company Name:		Address:	
Date Started:	Starting Wage:	Starting Position:	
Name of Supervisor:		May we contact? (Check One)	Yes No
Responsibilities:			
Reason for leaving:			

3. Company Name:		Address:	
Date Started:	Starting Wage:	Starting Position:	
Name of Supervisor:		May we contact? (Check One)	Yes No
Responsibilities:			
Reason for leaving:			

4. Company Name:		Address:	
Date Started:	Starting Wage:	Starting Position:	
Name of Supervisor:		May we contact? (Check One)	Yes No
Responsibilities:			
Reason for leaving:			

References:

Name:	Phone:	Years Known:
Address:		
Name:	Phone:	Years Known:
Address:		
Name:	Phone:	Years Known:
Address:		

Emergency Contact: (in case of emergency please notify)

Name:	Phone:
Address:	
Name:	Phone:
Address:	

Please Read Before Signing:

I certify that all information provided by me on this application is true and complete to the best of my knowledge and that I have withheld nothing, that if disclosed, would alter the integrity of this application.

I authorize my previous employers, schools, or persons listed as references to give any information regarding employment or educational record. I agree that this company and my previous employers will not be held liable in any respect if a job offer is not extended, or is withdrawn, or employment is terminated because of false statements, omissions or answers made by myself on this application. In the event of any employment with this company, I will comply with all rules and regulations as set by the company in any communication distributed to the employees.

In compliance with the Immigration Reform and Control Act of 1986, I understand that I am required to provide approved documentation to the company that verifies my right to work in the United States on the first day of employment. I have received from the company, a list of the approved documents that are required.

I understand that employment at this company is "at will", which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I hereby acknowledge that I have read and understand the above statements.

Undersigned applicant, and if hired by Hope Valley Recovery, employee, agrees to submit all legal claims and disputes, of every nature or kind, against Hope Valley Recovery and any of its owners, directors, managers or employees, arising out of or relating in any way to employee's employment with or separation of employment from Hope Valley Recovery to final and binding arbitration in accordance with the Employment Arbitration Rules under the American Arbitration Association.

Print Name:	Today's Date:
Signature:	
Personal Email:	