First Step Recovery 2737 Youngstown Rd, SE Warren, OH 44484

P: 330-369-8022 F: 330-984-4270



## **Application for Employment**

		de equal employment op s belief, sex, age, nationa						
Last Name:		First Name:		N	liddle Name:			
Street Address:								
City:					State:		Zip:	
Telephone:			Social	Security #:				
Are you a U.S. citizen or otherv You may be required to provid			d basis?	Other names used?	(if any)			
Are you looking for full-time er (Check one)	mployment?	Oyes O No	If no,	what hours are you avai	lable?			
Are you willing to work swing s (Check one)	shift?	Are you willing to work graveyard? (Check one)						
Are you willing to work on an 'basis? (Often called PRN) (Che		Oyes O No		ever been convicted of not necessarily affect y			Yes No	
If convicted of a felony or misd List Counties where charges oc	•			Active Probation	/Parole O	Yes ONO		
Misrepresentation of your	criminal history may	void terms of employme	ent.					
Employment Desired:								
Position applied for:								
How did you hear of this openi	ing?							
Have you ever applied for emp (check one)	oloyment here?	O Yes O No	\	Vhen?	Wł	nere?		
Have you ever been employed this company? (Check one)	by	Oyes O No	\	Vhen?	W	nere?		

Employment Desired continued:						
Are you presently employed? (Check one)	O <sub>Yes</sub> (	No		May we contact your present employer? No		O <sub>Yes</sub> O
Are you available for full-time work? (Check one)		No		Are you available for part-time w No	ork?	O <sub>Yes</sub> O
Will you relocate? Yes No (Check one)	Are you wil to travel? (		) Ye:	s No If yes, what	percent?	
Date you can start: Desired	Position:			Desire	d starting salary	:
Please list applicable skills:						
Education						
School Name and Locatio	חי	Year		Major		Degree
High School:						
College:						
College:						
Post-College:						
Other Training:						
In addition to your work history, are there othe	r skills, qualification	ns, or experience th	at w	e should consider?		
Pleas list any scholastic honors received and off	ices held in school.					
Are you planning to continue your studies? (che	eck one)			0	Yes O No	
If yes, where and what courses of study?						

## **Employment History:** (Start with most recent employer) 1. Company Name: Address: Starting Wage: Starting Position: Date Started:

					-	
Date Ended:		Ending Wage:				Ending Position:
Name of Supervisor:				May we contact?		O Yes O No
Responsibilities:						
Reason for leaving:						
			_			
2. Company Name:				Address:		
Date Started:		Starting Wage:				Starting Position:
Date Ended:		Ending Wage:			Ending Position:	
Name of Supervisor:				May we contact?		O yes O No
Responsibilities:						
Reason for leaving:						

Reason for leaving:		

## Employment History continued: (use additional sheet of paper if needed) Address: 3. Company Name: Starting Wage: Date Started: Starting Position: Ending Wage: Date Ended: Ending Position: O Yes O No Name of Supervisor: May we contact? Responsibilities: Reason for leaving: 4. Company Name: Address: Starting Position: Date Started: Starting Wage: Date Ended: Ending Position: Ending Wage: Name of Supervisor: O Yes O No May we contact? Responsibilities: Reason for leaving:

<b>References:</b> List three personal references to you who have known you for more t	han one	year.			
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 disclosed, would alter the integrity of this application.  I authorize my previous employers, schools, or persons listed as references to give any company and my previous employers will not be held liable in any respect if a job offer false statements, omissions or answers made by myself on this application. In the ever regulations as set by the company in any communication distributed to the employee. In compliance with the Immigration Reform and Control Act of 1986, I understand that verifies my right to work in the United States on the first day of employment. I have required.  I understand that employment at this company is "at will", which means that either I with or without prior notice, and for any reason not prohibited by statute. All employ understand the above statements.  Undersigned applicant, and if hired by First Step Recovery, Employee, agrees to submit Recovery and any of its owners, directors, managers or employees, arising out of or reemployment from First Step Recovery to final and binding arbitration in accordance we Association.	y information of any series of any series of any series or this comment is all legal stating in the series of the series of all legal stating in the series of the series of all legal stating in the series of the	ation regarding e extended, or is w y employment wi equired to provide from the compar company can term continued on tha al claims and disp	mployment or educati ithdrawn, or employm th this company, I will e approved documenta ny, a list of the approv ninate the employmen at basis. I hereby ackn utes, of every nature of loyee's employment v	ional nent is comp ation ed do t rela owled or kin	record. I agree that this is terminated because of oly with all rules and to the company that ocuments that are tionship at any time, dge that I have read and d, against First Step r separation of
Print Name:			Date:		
Signature:					
Personal Email Address:					