

ABOVE AND BEYOND FAMILY RECOVERY CENTER



Above and Beyond
Family Recovery Center

Employment Application

All 4 (four) pages of this application must be completely filled out and signed for employment consideration. This application will be considered incomplete and will not be accepted for candidature if reference is made to a resume, or if the application is not signed by the applicant.

Above and Beyond Family Recovery Center and its representative employees, fully subscribe to the principles of Equal Employment Opportunity. It is our policy to provide employment, compensation, and other benefits related to employment based on qualifications, without regard to race, color, religion, national origin, age, sex, veteran status, disability, or any other basis prohibited by federal, state or local law. In accordance with requirements of the Americans With Disabilities Act, it is our policy to provide reasonable accommodation upon request during the application process to eligible applicants in order that they may be given a full and fair opportunity to be considered for employment. As Equal Opportunity Employers, we intend to comply fully with applicable federal and state employment laws and the information requested on this application will only be used for purposes consistent with those laws. Applications are only accepted for positions currently available and will only be considered for thirty (30) days from today's date or until the position applied for is filled, whichever first occurs.

POSITION APPLIED FOR: _____ Today's Date: _____

Please Print **LEGIBLY** (please take your time so we don't have to ask you to fill it out again)

Last Name	First	Previous Surname(s)	Social Security Number (only if hired)	
Street Address		City	State	Zip
E-Mail Address		Home Telephone Number	Cell Telephone Number	
Emergency Contact & Relationship		Home Telephone Number	Cell Telephone Number	

Department you're applying in: Counselor Case Management WERKforce Group Leader Administration Other: _____

Have you ever worked for another Addiction Treatment facility? Yes No If so, please give company name(s), position titles and employment dates (beginning and final): _____

Are there any days, shifts or hours you will not be able to work? Yes No If yes, please explain : _____

Are you available for off premises work? Yes No When weekend, evening, and overtime work is required, will this be a problem? Yes No

How far do you live from our location (please calculate miles and approximate time): _____

Date available for work: _____ May we contact your current employer? Yes No Are you over 18 years of age? Yes No

Do you know any of our employees? _____ If so, whom? _____

What do you know about or think of "Harm Reduction"

What do you know of Cognitive Behavioral Therapy and how do you use it? _____

What is your experience using Motivational Interviewing? _____

Note: The Federal Immigration and Reform and Control Act of 1986 requires that an INS Employment Eligibility Verification "Form I-9" be completed for every new hire and that within 3 business days of beginning work every new hire must present documentation establishing his/her identity and authorization for work. This federal requirement must be satisfied as a condition of employment.

Have you been convicted of a felony within the last seven years? **Yes No** Date of Conviction: _____

Note: Answering "yes" does not automatically exclude you from further consideration for the position. If yes, please explain in the **Additional Comments section**, including the penalty imposed and what you have done to correct the behavior that caused this.

Have you been charged or convicted within the last seven years of misappropriation of funds, embezzlement or other dishonest conduct, an offense involving the use of a weapon, physical assault or other violent crimes? **Yes No** If yes, please explain on the Additional Comments section. Note: Answering "yes" does not automatically exclude you from further consideration for the position, however, answering falsely and not responding honestly will be grounds for dismissal whenever it is uncovered and verified.

Driving Record (Answer even if driving is not a requirement of the job for which you are applying)

Do you have a valid drivers license? Yes No State: _____ License No.: _____

Have you had any tickets? Yes No If yes, please explain: _____

Has your license ever been suspended or revoked? Yes No If yes, please explain: _____

Do you have any DUI or DWI convictions? Yes No If yes, please state when you were convicted and explain: _____

Do you understand that you must have full coverage automobile insurance for any position that requires regular or intermittent driving and that you are personally responsible for any work-related liability and/or expenses, including car rental liability and/or damage expenses, incurred that fall outside of your regular coverage? Yes No Initials: _____

Have you taken any illegal drugs in the last 30 days? Yes No If yes, what and when? _____

Additional Comments and Things We Should Know About (be frank and honest):

Education (May or may not be considered depending on job applied for)

Describe any educational degrees, skills, training or experience you believe are relevant to the job applied for:

Name, City and State of Educational Institution	Graduated?		If no Degree, Credits earned	Type of Degree Received or Expected	Major	Minor	Grade Point
	Yes	No					Overall GPA
High School/GED							
Undergraduate College or University							
Technical/Licenses/Certifications and other noteworthy educational pursuits or accomplishments including Graduate Degrees							

A B O V E A N D B E Y O N D

Employment History

(Please complete for all full-time or part-time employment beginning with your most  recent employer)

Company Name		Telephone #			
Address		Dates Employed	From	To	
Name of Supervisor	May we contact?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Rate of Pay	Start	Last

State Job Titles and Duties

Reason for leaving

Company Name		Telephone #			
Address		Dates Employed	From	To	
Name of Supervisor	May we contact?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Rate of Pay	Start	Last

State Job Titles and Duties

Reason for leaving

Company Name		Telephone #			
Address		Dates Employed	From	To	
Name of Supervisor	May we contact?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Rate of Pay	Start	Last

State Job Titles and Duties

Reason for leaving

OTHER RELATED EXPERIENCE:

Please explain any gaps in your employment history: _____

Have you ever been discharged or forced to resign? Yes No If yes, explain: _____

Did you receive any discipline in the last 12 months of active employment? Yes No If yes, please explain: _____

Were you given a performance evaluation within the last 12 months of active employment? Yes No If yes, what was the range of scores used and what score did you receive? _____

Have you signed any form of non-compete or non-disclosure agreement(s) with any other employer that might cause you problems in working for Above & Beyond? Yes No If yes, please explain: _____

(Applicant alone accepts full responsibility for any consequences resulting from improper or illegal contractual behaviors or obligations)

Military (Complete only if you served in the military)

Branch of Service: _____ Number of Years/Months of Service: _____

Rank at Discharge: _____ Date of Discharge: _____ Reason for leaving: _____

Describe any military skills, training or experience you believe are relevant to the job applied for: _____

APPLICANT'S ACKNOWLEDGMENT

I certify that the answers given herein are true and complete to the best of my knowledge. I understand that any misrepresentations, omissions of facts or incomplete answers in this, or any application document, will disqualify me from further consideration for employment. I further understand that, if employed, any misrepresentations or omissions of facts in this or any application document will be cause for my dismissal at any time without prior notice.

I understand that, if employed, my employment is not for a specific term and may be terminated by me or my Employer(s) with or without notice or cause at any time. I further understand that no oral promise, Employer(s) policy, custom, business practice or other procedure (including the Personnel Handbook or any personnel manuals) constitute an employment contract or modification of the at-will employment relationship between myself and my Employer(s).

I understand that applicants for certain positions may be required to qualify for employment based on additional employment criteria. For example, I may be required to take job-related tests, i.e.; take medical tests; allow background investigations; take spontaneous drug tests; and others. If I am offered employment or start work before any required test is completed, my employment is contingent on sustained satisfactory results on all eventual tests. I authorize the release of any background check and results of any drug/alcohol test to any state or federal authority requesting such information or in response to a valid subpoena or other legal request. I also understand that I am responsible to have a full coverage automobile insurance policy that's to cover any work-related driving that I may do and A&B will be listed as coinsured.

I acknowledge that this application will remain active for 30 days from this date. If I have not heard from the Company at the conclusion of this 30-day period, it is my responsibility to complete a new application if I still wish to be considered for employment.

Signature: _____ Date: _____



