

**American Recovery Specialists, Inc.
Employment Application**

Personal Information:

Last Name _____ First Name _____ Middle Initial _____
E-mail address: _____
Social Security Number _____ Date Available _____
Home phone _____ Message/Work phone _____
Address (number, street, apartment number) _____
City State Zip _____

Were you previously employed with this company?

Yes _____ No _____ From _____ To _____

Position: _____

CAN YOU, AFTER EMPLOYMENT OFFER, SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES?

Yes _____ No _____

Are you at least eighteen years of age? Yes _____ No _____

Have you ever been convicted of a felony? Yes _____ No _____ If YES, please explain: (such a conviction will not necessarily disqualify you from employment. Please attach an additional sheet if necessary). _____

Job Interest:

Position for which you are applying: _____

Location for which you are applying to work: _____

Would you be willing to travel: Yes _____ No _____

Hours of Availability: _____

Sun Mon Tues Wed Thu Fri Sat

Location: _____

Preferred schedule:

Full-time _____

Part-time _____

Education Information:

Type of School: _____

Name and Location: _____

Years Completed: _____

Major Course of Study: _____

Graduated (Yes or No)

Degree:

High School: _____

College/ University: _____

Graduate School: _____

Technical/ Business: _____

Please list any job related professional, trade, business or civic activities, organizations, and associations in which you participated, or of which you are a member. (You may omit those that indicate race, color, religion, political affiliations, national origin, ancestry, disability, marital status, sex, or age.)

Job-Related Skills or Experience:

List any job related skills or experience that would qualify you for the position for which you are applying: _____

Employment History:

Name of current/most recent employer: _____

Position Held: _____

Employer's address City State ZIP: _____

Dates Employed: Position (starting): \$ _____ Final Salary: \$ _____

From _____ To _____ May we contact this employer? Yes ___ No ___

Reason for leaving: _____

Telephone Number: _____

Supervisor (name and title): _____

Name of previous employer: _____

Position Held: _____

Employer's address City State ZIP: _____

Dates Employed: Position (starting): \$ _____ Final salary: \$ _____

From _____ To _____ May we contact this employer? Yes ___ No ___

Reason for leaving: Telephone Number: _____

Supervisor (name and title): _____

Name of previous employer: _____

Position Held: _____

Employer's address City State ZIP: _____

Dates Employed: Position (starting): \$ _____ Final salary: \$ _____

From _____ To _____ May we contact this employer? Yes ___ No ___

Reason for leaving: Telephone Number: _____

Supervisor (name and title): _____

References:

Please provide at least two (2) professional references that are not related to you.

1. Name/Title: _____

Relationship/Telephone: _____

2. Name/Title: _____

Relationship/Telephone: _____

3. Name/Title: _____

Relationship/Telephone: _____

IMPORTANT NOTICE:

I hereby authorize American Recovery Specialists to investigate my background and qualifications for employment. I agree that this information is provided at my request and for my benefit and do hereby release them from any and all liability for damage of whatsoever nature for furnishing the above mentioned information. I understand that willful misrepresentation or omission of facts called for in this application is cause for rejection of this application for employment or termination of employment with American Recovery Specialists. This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge. I have read and understand this information.

Date: (Required) _____

Signature of Applicant: (Required) _____