

Health Recovery Services Inc. Employment Application

Please read carefully and complete application by submitting when finished. You can also save and submit at a later date.

Applicant's Name: _____ **Date:** ____/____/____

Position(s) Applying for _____

Are you sending us your resume also? **Yes** **No**

An Equal Opportunity Employer: It is the policy of Health Recovery Services to assure Equal Employment Opportunity for all its employees and applicants. Health Recovery Services prohibits discrimination on the basis of race, religion, color, sex, physical or mental disability, sexual orientation, age, national origin, ancestry, ethnicity, developmental disability, military status, genetic information or any person with HIV infection, whether asymptomatic or symptomatic, or AIDS-related complex or AIDS or any other basis prohibited by law in the recruitment, selection, promotion, evaluation or retention of employees or volunteers.

Your complete application form will be maintained in our active files for six (6) months from the date of application and in an inactive status for an additional 18 months. You may submit a new application at any time. Nothing on this application is intended to create or imply a contractual relationship; if hired, the employee understands that employment is at will, i.e., that it is not for any specific time period or duration, and can be terminated with or without reason at any time.

Please be advised that Health Recovery Services Inc., is a Drug-Free Workplace and this requires each new employee receiving a drug test within the first 30 days of being hired.

If you prefer you can print and send application by postal mail to:

Health Recovery Services
Dept. of Human Resources
P.O. Box 724 Athens, Ohio 45701

Health Recovery Services Inc. *Employment Application*

Please provide all information requested.

Last name First MI			Email address					
Street address			Drivers License #					
City		State		ZIP		Home phone	Cell phone	
Referral Source Check One	A <input type="checkbox"/> By your college	B <input type="checkbox"/> Advertisement	C <input type="checkbox"/> Employment agency	D <input type="checkbox"/> By an HRS Employee/ give name:		E <input type="checkbox"/> Open house	F <input type="checkbox"/> Walk-in	G <input type="checkbox"/> Other

Position(s) applied for		Wage or salary required Hourly _____ Annual _____	
Date available for employment		Have you previously been employed by Health Recovery Services? yes <input type="checkbox"/> No <input type="checkbox"/> If yes, Date From _____ To _____	

Employment Record

Starting with present or most recent, list previous employers. Include self-employment and summer and part-time jobs. If more space is required, please continue on a separate sheet. You may attach a resume, but complete this application as well.

Last or present employer		Brief description of job duties	
Type of business			
Street address: Phone number		Type or classification of job	
City State ZIP code		Supervisor's name: Phone number	
Base salary	Dates worked From To	Reason for leaving	
Previous employer		Brief description of job duties	
Type of business			
Street address: Phone number		Type or classification of job	
City State ZIP code		Supervisor's name: Phone number	
Base salary	Dates worked From To	Reason for leaving	
Previous employer		Brief description of job duties	
Type of business			
Street address: Phone number		Type or classification of job	
City State ZIP code		Supervisor's name: Phone number	
Base salary	Dates worked From To	Reason for leaving	

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Military Record

Branch of service _____

Present military affiliation:

None Reserve (active) Reserve (inactive)

Kinds of training and duty while in service:

Have you ever been convicted of a crime, including misdemeanors and summary offenses, which has not been annulled or expunged or sealed by the court _____? If yes, describe in full, please include the state(s) the offense(s) occurred.

Professional/Work References

List three past professional/work references who have knowledge of your qualifications for the position for which you are applying. May we contact your present employer? Yes No

These references will be mailed a form to fill out and send back to us. Please grant permission for this at end of application.

Name	Title/relationship	Address (street, city, state, ZIP code)	Phone no. (include area code)	Occupation

Special Skills

Computer skills	Hardware Software	Other skills, interests, activities, and hobbies
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Educational History

School name	Location (city, state)	Major course or subject	Graduated		Degree
			Yes	No	
High school					
College (list all attended)					
Other education/training					

If any of your educational or employment records are under other than the above name, please provide other name(s).

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If applicable describe how your knowledge of the recovery process and/or professional experiences dealing with the treatment process for alcohol and/or other drugs or mental health problems could be beneficial in assisting consumers in one or a variety of therapeutic settings.

If applicable describe how your technical skills/abilities special training, etc., will efficiently and/or effectively enhance the job you are applying for.

PROFESSIONAL LICENSURE

(IF APPLICABLE)

Current Licensure/Certification	Lic/Cert. Number	Current Yes or No	Date of Expiration	Applied for in Process Yes or No	Date Applied For
LICDC					
LCDC-III					
LCDC-II					
CDCA					
LSW					
LISW					
CT					
PC					
PCC					
RN					
LPN					
Licensed Psychologist					
Psychology Assist					
Physician					
Psychiatrist					
OCPS I					
OCPS II					
Teaching Certificate					
Other:					

Professional/Malpractice Liability Insurance Data (If applicable)

Indicate name and address of your insurance carrier and policy number:

Expiration Date: _____ Amount of Coverage: _____

Have any malpractice claims ever been filed against you within the past five (5) years or are any claims currently pending?

Yes No If yes, explain

Have any malpractice allegations involving your work been settled by you, or your insurance carrier prior to the filing of a claim?

Yes No If yes, explain

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Criminal Background Investigations

It is the policy of Health Recovery Services, Inc. (“HRS”) to be in compliance with all applicable statutes, regulations, and rules regarding criminal records checks for current and potential employees.

Criminal Records Check Process

HRS has taken the position that all employees, volunteers, and interns hired after September 29, 2007 will be subject to both state and federal criminal records checks regardless of whether he/she may demonstrate that he/she has been a resident of Ohio for the preceding five years.

The HRS Human Resources Department will conduct the fingerprinting process and submit via the internet to the Ohio Bureau of Criminal Identification and Investigation (“BCII”) and the Federal Bureau of Investigation (“FBI”).

The applicant is responsible for payment of all criminal records checks. If conditional employment is offered, HRS may obtain such payment through payroll deduction. HRS will pay this fee for non-paid interns and volunteers.

Ohio Law permits HRS to hire an applicant “conditionally” for a period not to exceed 60 days after criminal records check has been requested. The request must be made within 5 business days after the conditional employment begins.

All HRS employees, volunteers, and interns shall be subject to a state criminal records check once per five-year period following their initial criminal records check.

Applicants Acknowledgement of Responsibility for Information Provided

I hereby certify that the answers and other information on this application are true and correct and I understand if employed any omission or misrepresentation of facts on my part will be justification for termination from the company’s service. Also I acknowledge that if employed, that my employment is conditional upon receipt of a background report from the Bureau of Criminal Identification and Federal Bureau of Investigation, a alien registration number if applicable, and any other pertinent information bearing upon my suitability for employment. It is also understood that my continued employment is contingent upon the doctrine of “employment at will” which depends on the will of the company or myself. I agree to the above terms and conditions and certify this by inserting my initials as my official signature for the document. _____

Release of Information for professional/work references/Motor Vehicles Report

I, _____ am applying for the position of _____ at Health Recovery Services Inc. (HRS). I,:

- Authorize HRS to make inquiries concerning such information about me to my previous employer(s), current employer, educational institutions, State licensing boards,, professional liability insurance carriers, other professional organizations and/or persons, agencies organizations or institutions listed by me as references, Bureau of Motor Vehicles, and to any other appropriate sources to whom HRS may be referred by those contacted or deemed appropriate;
- Authorize release of such information and copies of related records and/or documents to HRS officials;
- Release from liability all those who provide information to HRS in good faith and without malice in response to such inquiries; and
- Authorize HRS to disclose to such persons, employers, institutions, boards or agencies identifying and other information about me to enable HRS to make such inquiries.

(Applicants Signature)

Health Recovery Services Inc.
Employment Reference Request & Authorization for Release of Information

Please print or type:

I, _____ am applying for the position of _____ at Health Recovery Services.

I, authorize _____ to supply any records and/or information
(Name of individual or Organization/Company as applicable)
 regarding my suitability for potential employment.

<small>(If a Organization/Company Information Source Person Name)</small>	<small>(Street Address)</small>
<small>(Telephone: Area Code Number)</small>	<small>(City) (State) (Zip Code)</small>
	<small>(Applicants Signature) (Date)</small>

Reference Source Response: _____

In what capacity do you know this applicant?

Employer Supervisor Subordinate Teacher Friend Other _____

If a previous employer/supervisor would you rehire this applicant? Yes No
 Date of employment From _____ To _____

Comment _____

If a personal reference would you recommend this applicant for the position applied for? Yes No

Comment _____

Assessment of applicants work characteristics

	Excellent	Good	Satisfactory	Needs Improvement
Attendance/Punctuality				
Motivation				
Judgment				
Dependability				
Professional Conduct				
Job Performance				
Interpersonal Skills				
Leadership skills				

Additional Comments: _____

Completed by: _____
(Name) (Title) (Date)

*Please return this form in the envelope provided within 10 days from date of receipt.
 Health Recovery Services, Dept. of Human Resources P.O. Box 724 Athens, Ohio 45701*

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(Name of individual or Organization/Company as applicable)

_____ (If a Organization/Company Information Source Person Name)		_____ (Street Address)		
_____ (Telephone: Area Code	_____ Number)	_____ (City)	_____ (State)	_____ (Zip Code)
_____ (Applicants Signature)			_____ (Date)	

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Completed by: _____ (Name) _____ (Title) _____ (Date)

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