

Chemical Addictions Recovery Effort, Inc.  
 4000 East 3<sup>rd</sup> Street  
 Panama City FL 32404  
 (850) 872-7676

APPLICATION FOR EMPLOYMENT

Position(s) applied for:

\_\_\_\_\_

**Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap or veteran status..**

P E R S O N A L	Last Name      First      Middle			Date		
	Street Address			Home Telephone # (    )		
	City, State, Zip			Cellular Phone # (    )		
	Are you legally eligible for employment in the United States?			Social Security #		
	Type of employment desired: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary			Pay Expected		
	When will you be available to begin work?					
	Have you ever been employed with Chemical Addictions Recovery Effort, Inc.? _____ If yes, when? _____ Where?					
	Have you ever applied for employment with CARE? _____ If yes, when? _____ Where?					
	Have you been convicted of a felony in the last seven years <input type="checkbox"/> Yes <input type="checkbox"/> No (Such conviction may be relevant if job related, but does not necessarily disqualify an applicant from employment.)					
	If YES, please explain fully:					
E D U C A T I O N	School	Name and Location of School	Course of Study	# of Years Completed	Did you graduate?	Degree or Diploma
	High School					
	Business, Trade, Technical					
	College					
	Graduate					
<b>CERTIFICATIONS, LICENSES, and/or MEMBERSHIP IN PROFESSIONAL OR CIVIC ORGANIZATIONS</b> <small>Exclude those which may disclose your race, sex, religion, national origin, ancestry, disability, or other protected status.</small>						

<b>EMPLOYMENT</b>	<b>Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer.</b>
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<b>1</b>	Company Name	Telephone ( )
	Address	Employed – (State month & year) From                      To
	Name of Supervisor	Weekly pay Start                      Last
	State Job Title and Describe Your Work	Reason for Leaving
<b>2</b>	Company Name	Telephone ( )
	Address	Employed – (State month & year) From                      To
	Name of Supervisor	Weekly pay Start                      Last
	State Job Title and Describe Your Work	Reason for Leaving
<b>3</b>	Company Name	Telephone ( )
	Address	Employed – (State month & year) From                      To
	Name of Supervisor	Weekly pay Start                      Last
	State Job Title and Describe Your Work	Reason for Leaving
<b>4</b>	Company Name	Telephone ( )
	Address	Employed – (State month & year) From                      To
	Name of Supervisor	Weekly pay Start                      Last
	State Job Title and Describe Your Work	Reason for Leaving

We may contact the employers listed above unless you indicate those you do not want us to contact	<b>DO NOT CONTACT</b>
	Employer Number(s) _____ Reason _____

<b>MILITARY</b>	Did you serve in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No	If “Yes”, in what Branch?
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Describe any training received relevant to the position for which you are applying.

REFERENCES		Personal References	Please list Home and Work Phone Numbers
	1		
	2		
	3		
	4		

Have you ever been Bonded? \_\_\_\_\_

List any relatives of friends working for CARE: \_\_\_\_\_  
 \_\_\_\_\_

In case of emergency, please notify: \_\_\_\_\_  
 Name  
 \_\_\_\_\_  
 Address  
 \_\_\_\_\_  
 Telephone Number  
 \_\_\_\_\_

**APPLICANT'S STATEMENT**

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I understand that this application for employment shall be considered active for a period of time not to exceed one year. I acknowledge that, if I wish to be considered for employment beyond this time period, I should inquire as to whether or not applications are being accepted.

I understand that Chemical Addictions Recovery Effort (CARE), Inc., abides by the "Employment at Will" doctrine as specified by the State of Florida and that neither this document nor any offer of employment from the employer constitutes an employment contract.

I understand that, in the event of employment, false or misleading information given in my application or interview(s) may result in discharge. I understand, also that I am required to abide by all rules and regulations of CARE.

I hereby release all persons, schools, employers, and organizations named herein from all liability for any damage whatsoever for issuing information concerning me.

\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 Date

<b>TEST RESULTS</b>	Tests Administered	Raw Score	Rating	Analysis and Comments

<b>INTERVIEW RESULTS</b>	Interviewer Name and Comments