

EMPLOYMENT APPLICATION

DARKE COUNTY RECOVERY SERVICES, d.b.a. Recovery and Wellness Centers of Midwest Ohio

212 E. Main St	550 Summit Ave	600 Walnut St	Marie Dwyer Recovery Center
PO Box 895	PO Box 631	Greenville, OH	228 N Barron St
Greenville, OH 45331	Troy, OH 45373	45331	Eaton, OH 45320

Darke County Recovery Services, Inc. is an equal opportunity employer and affords equal opportunity to all applicants for all positions without regard to race, color, religion, gender, national origin, age, disability, veteran status or any other status protected under local, state or federal laws.

(PLEASE PRINT CLEARLY IN BLACK INK OR TYPE)

Position(s) Applied For		Date of Application	
Last Name	First Name	Middle Name	
Address	City	State	Zip Code
Telephone Number	Alternate Number	Social	Security Number (If available)
_____	_____	_____	_____
Email Address: _____			
How Did You Hear About Us?			
<input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Employment Agency <input type="checkbox"/> Current Employee _____			
<input type="checkbox"/> Other _____			

Are you legally eligible to work in the United States? YES NO

(Proof of eligibility will be required upon offer of employment)

Are you over the age of 18 years? YES NO

(If no, you may be required to provide authorization)

Can you with or without reasonable accommodation perform the essential functions of this job? *(If you have any questions about the functions of the job, please ask the interviewer before answering this question.)* YES NO

Have you ever applied to Darke County Recovery Services, Inc., Darke County Mental Health, or Shelby County Counseling Center before? YES NO
(If yes, please give date.) _____

Have you ever worked for Darke County Recovery Services, Inc. Darke County Mental Health, or Shelby County Counseling Center before? YES NO

(If yes, please give date.) _____

Have you ever been convicted of a felony? *you.* (A conviction will not necessarily disqualify YES [] NO []

If yes, please explain: _____

Do you have a valid driver's license? (For driving positions only.) YES [] NO []

Have you been convicted of any moving violations in the past five years? YES [] NO [] If yes, please explain: _____

Is anyone related to you employed by Darke County Recovery Services? YES [] NO [] If yes, please give their name and relationship to you. _____

What salary or rate of pay do you expect to receive if employed? _____ per _____

Have you ever been fired or asked to resign from a job? YES [] NO []
If yes, please explain. _____

On what date would you be available to work? _____

Days and Hours Available: (If employed, I will notify my supervisor in writing, should my availability change.)

Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
AM							
PM							

EDUCATION

	Name and Location of School	Course of Study or Major	# of Years Completed	Diploma/ Degree
Elementary				
High School				
College				
Graduate				
Vocational				

Please list any academic honors, scholarships, offices held, etc. (Do not list any which reflect your race, color, religion, gender, national origin, age, disabilities or veteran status.)

Describe any specialized training, apprenticeships, licenses or skills.

Have you received any job-related training in the United States Military? YES [] NO []

Please give dates and explanation:

EMPLOYMENT HISTORY *(Begin with current or most recent employer.) Do not exclude any employment. Include any applicable temporary employment attach another sheet if necessary. Previous salaries or wages will not be used to determine compensation at Darke County Recovery Services, Inc.)*

Company Name	Employment Dates From To	Salary Start End	Name and Title of Supervisor
Address		\$ \$	
	Describe your duties:		
Phone			
Reason for leaving and explanation			
Company Name	Employment Dates From To	Salary Start End	Name and Title of Supervisor
Address		\$ \$	
	Describe your duties:		
Phone			
Reason for leaving and explanation			
Company Name	Employment Dates From To	Salary Start End	Name and Title of Supervisor
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Address		\$ \$	
	Describe your duties:		
Phone			
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Phone	
Reason for leaving and explanation	

Please provide any other information that you feel will help us in considering your application for employment.

REFERENCES (Please list three persons who can provide professional references. Do not list relatives.)

Name	Address	Phone Number	Relationship / Occupation	Years Known

APPLICANT ACKNOWLEDGEMENT AND AUTHORIZATION

PLEASE READ CAREFULLY BEFORE SIGNING

I hereby certify that all of the information provided by me in this application (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in said documents will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.

I understand that submission of an application does not guarantee employment. I further understand that, should an offer of employment be extended by Darke County Recovery Services (hereinafter referred to as "DCRS") that such employment with DCRS is at will, for no specified duration and may be terminated by either DCRS or myself at any time, with or without cause or notice. I understand that none of the documents, policies, procedures, actions, statements of DCRS or its representatives used during the employment process is deemed a contract of employment real or implied. I understand that no representative of DCRS except the Executive Director has the authority to enter into any agreement guaranteeing any conditions of employment or any agreement contrary to the foregoing statements and that any such agreements must be made in writing and signed by the Executive Director of DCRS.

In consideration for employment with DCRS, if employed, I agree to conform to the rules, regulations, policies and procedures of DCRS at all times and understand that such obedience is a condition of employment. I understand that due to the nature of DCRS business, attendance and punctuality are

considered essential requirements of every job at DCRS and that poor attendance or tardiness will result in disciplinary action.

I understand that if offered a position with DCRS, I may be required to submit to a pre-employment medical examination, drug screening and background check as a condition of employment. I understand that unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of these preemployment tests and checks will result in withdrawal of any employment offer or termination of employment if already employed.

I hereby authorize any and all schools, former employers, references, courts and any others who have information about me to provide such information to DCRS and/or any of its representatives, agents or vendors and I release all parties involved from any and all liability for any and all damage that may result from providing such information.

I understand that this application is considered current for three months. If I wish to be considered for employment after this period I must fill out and submit a new application.

BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ABOVE STATEMENTS.

Signature

Date

Name and number of person completing this form if other than applicant:

DARKE COUNTY RECOVERY SERVICES, INC IS PROUD TO BE AN EQUAL OPPORTUNITY EMPLOYER. ALL QUALIFIED APPLICANTS WILL RECEIVE CONSIDERATION WITHOUT REGARD TO RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, AGE, DISABILITY, VETERAN STATUS OR ANY OTHER STATUS PROTECTED BY LAW.