## Advanced Recovery Systems, LLC Application for Employment

 $(\mathsf{PRE}\text{-}\mathsf{EMPLOYMENT}\ \mathsf{QUESTIONNAIRE})\ (\mathsf{AN}\ \mathsf{EQUAL}\ \mathsf{OPPORTUNITY}\ \mathsf{EMPLOYER})\ (\mathsf{DRUG}\ \mathsf{FREE}\ \mathsf{WORKPLACE})$   $\mathsf{PEASE}\ \mathsf{PRINT}\ \mathsf{ALL}\ \mathsf{INFORMATION}\ \mathsf{EXCEPT}\ \mathsf{SIGNATURES}$ 

"Pursuant to Florida Statute Chapter 119, all information of certain statutory exclusions. As an applicant, I understand Chapter 119 is available for <a href="http://www.leg.state.fl.us/Statutes/index.cfm?App">http://www.leg.state.fl.us/Statutes/index.cfm?App</a> mode=D	I that my personal informa review at th	ation may fall under one following	
I have been given the opportunity to review the statute/infor	rmation.		Yes No
Applicant's Signature	Date		
Personal Information			
Full Name (Last, First, Middle Initial)	So	cial Security Numl	ber
Present Address	City	State	Zip Code
Permanent Address	City	State	Zip Code
Home Phone Cellular Phone	Em	nail address	
Are you 18 years of age or older AND legally eligible	e for work in the US? _	Yes N	No
Employment Desired			-
Position Applying for: Salary I Date You Can Begin: Salary I Desired Position Classification: Full-time Shift Availability: Evenings Wee	Part-time P		
Are you employed now? Yes No _ No _ No _ No _ No _ No _ No	o Where? nced Recovery Systems ended family, in traditi L	When?  5, LLC or any relate  onal and non-trace  ocation?	ed and/or affiliated ditional settings)
Have you ever been convicted of or pled guilty or no Yes No If yes, please explain		•	
Have you ever been arrested? Have you ever been to one or both questions, please explain in detail, ac			
If hired, will this Company be your only employer?	YesNo		

## **Education History**

Type of School	Name and Locati	on of School	Major Courses	Grade Point Average	Degree received	Degree date
High School						
Technical						
School						
College or University						
Graduate						
School						
are you currently	enrolled in a degree	e seeking progr	am? Yes	No If ye	s, what program	ı?
	end school in the n					
mployment Histo	ory					
Nost Current Emp	lover					
Name of Employ		Name of Las	t Supervisor/Title	Telep	hone:	
					-r	
Address City		City, State, Z	City, State, Zip Code		Pay rate upon leaving (or current	
					pay rate): \$	
Position				From	Hr Mo Yr From:/ (mo/year)	
					/ (mo	
Duties				Are you eligible for rehire?		
				Yes No		
Reason for Leavi	eason for Leaving		Are y	Are you currently employed?		
					_ Yes No	
mployer 2						
Name of Employ	er	Name of Las	t Supervisor/Title	Telep	hone:	
Address		City, State, Zip Code		-	Pay rate upon leaving (or current	
					pay rate): \$ Hr Mo Yr	
Position				From		o/year)
		To:		o/year)		
Duties		Are y	ou eligible for re			
Decree for Leaving				Yes No		
Reason for Leaving		Are y	Are you currently employed?			
					_YesNo	
mployer 3						
Name of Employ	er	Name of Last Supervisor/Title		Telep	hone:	
Address		City State 7	in Code	Pav r	ate upon leaving	(or current
Address		City, State, Zip Code		-	ate upon leaving ate): \$	(or carrein
					MoYr	
					<del></del>	

Position			From:/ (mo/year) To:/ (mo/year)
Duties			Are you eligible for rehire?
			Yes No
Reason for Leaving			Are you currently employed?  Yes No
Military Service			
	u been the US Armed Force		
If yes, what branch?		? Rank at disch	arge?
	duty? From/(r training received in the US		(mo/year)
Did you ever work as a c	ivilian for a government ago	ency? Yes	No
Specialized Skills			
Do vou have computer s	kills? Yes No		
Are you proficient in the	use of: MS Word?	Yes No	
, ii o y ou pi onoione iii eii o	use of: MS Word? MS Excel?	Yes No	
	MS Powerpoint	? Yes No	
		Yes No	
Other software:			
Languages			
Indicate any foreign lang	guages you speak, read, and	l/or write.	
Not Applicable	Fluent	Good	Fair
			1.20
Speak			
Read			
Write			
References			·
Name	Position/Title Company	Telephone	Email Address

## **NOTICE – WE DRUG TEST**

As part of our commitment to a Drug Free Workplace, we require all potential employees to submit to a drug test. Your refusal to take the test or your failure to pass the test according to minimum standards will disqualify you from further consideration for employment. If you become employed you may be required again to submit to a drug test as requested. Your failure to pass the test in accordance to minimum standards will result in action up to and including termination. I freely and voluntarily agree to submit to a drug test as part of my application for employment. I understand that either my refusal to submit to a drug test or my failure to qualify according to minimum standards established for this examination will disqualify me from further consideration for employment. I further understand that upon commencement of my employment, I may be again required to submit to a drug test. I understand that my refusal to take a requested drug test or my failure to meet the minimum standards set for the examination may result in immediate suspension or discharge.

I have read in full and understand the above statements and conditions of employment.	(Initials)	

## **APPLICANT ACKNOWLEDGEMENT AND RELEASES**

- 1. I maintain that all information I have supplied in this application and any other information, oral or written is true, complete and accurate. I understand that any misstated, misleading, incomplete, or false information is grounds for rejection of this application of this application, refusal to hire, withdrawal of an employment offer, or immediate discharge whenever and however discovered.
- 2. I hereby authorize, without reservation, verification of any and all information contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have. Further, I agree to hold Advanced Recovery Systems, LLC, its agents, successors or assigns, and such previous employers harmless for disclosure and authorize them to release any and all information pertaining to me and my employment.
- 3. I fully understand and acknowledge, and where applicable, consent to the following: my employment is at-will. I may terminate my employment at any time for any reason; I may be discharged for any reason, without notice; I am subject to a three (3) month probationary period; successful completion of my probationary period does not change the 'at-will' employment relationship; Advanced Recovery Systems, LLC or its subsidiaries will conduct a criminal background check, driver's license check, and check my professional references to include my current employer; Advanced Recovery Systems, LLC or its subsidiaries will complete criminal background screenings as required by Federal and State regulations and other contractual requirements throughout the course of my employment; work schedules may vary and can be unpredictable, and as such, I may be required to work different shifts, evenings, weekends, holidays, and overtime (as applicable) or I may be not be required to work as previously assigned; I will be required to comply with Company policies and written procedures, the Employee Handbook as it currently exists and as amended from time to time, as well as any other existing and future company policies, rules and regulations; Advanced Recovery Systems, LLC, its agents, successors or assigns reserves the right to amend, change and/or modify the policies and written procedures at any time; I must attend orientation as a condition of my employment; and I will represent Advanced Recovery Systems, LLC, its agents, successors or assigns in a professional, appropriate manner at all times.
- 4. As per the Fair Credit Reporting Act (FCRA), I am entitled to know if employment is denied because of information obtained by my prospective employer from a consumer reporting agency. If so, I will be so advised and be given the name of the agency or source of information, a copy of the report and a summary of my rights.

5. I have read in full and understand the above statements and conditions of employment. (Initials)		
I certify that the facts contained in this application are true	e and complete to the best of my knowledge.	
Applicant's Signature	Date	