

RECOVERY BAY, LLC

APPLICATION FOR EMPLOYMENT

DATE: _____

Employees of Recovery Bay, LLC and applicants for employment shall be afforded equal opportunities in all aspects of employment without regard to race, color, religion, political affiliation, sexual orientation, national origin, disability, marital status, gender or age.

PERSONAL INFORMATION:

NAME (LAST, FIRST, M.I.)		SOCIAL SECURITY NO.:	
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PERMANENT ADDRESS	CITY	STATE	ZIP CODE
PHONE NO.:	REFERRED BY:		

EMPLOYMENT DESIRED:

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED ___ YES ___ NO	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? ___ YES ___ NO	
HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE? ___ YES ___ NO	WHERE?	WHEN?

EDUCATION:

NAME AND LOCATION OF SCHOOL	DATES ATTENDED	DID YOU GRADUATE	DEGREE
GRAMMAR SCHOOL:			
HIGH SCHOOL:			
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL:			
COLLEGE:			
GRADUATE / PROF.:			

IF YOU EXPECT TO COMPLETE AN EDUCATIONAL PROGRAM IN THE NEAR FUTURE, PLEASE INDICATE WHAT TYPE OF DEGREE OR PROGRAM AND EXPECTED COMPLETION DATE:

PREVIOUS EMPLOYMENT: (BEGIN WITH THE MOST RECENT)

JOB TITLE:	COMPANY	SUPERVISOR
ADDRESS:	CITY/STATE/ZIP CODE:	PHONE:
DUTIES AND RESPONSIBILITIES: _____		
DATES OF EMPLOYMENT	ENDING SALARY	EQUIPMENT/SOFTWARE USED
REASON FOR LEAVING:	MAY WE CONTACT YOUR SUPERVISOR?:	

JOB TITLE:	COMPANY	SUPERVISOR
ADDRESS:	CITY/STATE/ZIP CODE:	PHONE:
DUTIES AND RESPONSIBILITIES: _____		
DATES OF EMPLOYMENT	ENDING SALARY	EQUIPMENT/SOFTWARE USED
REASON FOR LEAVING:		MAY WE CONTACT YOUR SUPERVISOR?:

JOB TITLE:	COMPANY	SUPERVISOR
ADDRESS:	CITY/STATE/ZIP CODE:	PHONE:
DUTIES AND RESPONSIBILITIES: _____		
DATES OF EMPLOYMENT	ENDING SALARY	EQUIPMENT/SOFTWARE USED
REASON FOR LEAVING:		MAY WE CONTACT YOUR SUPERVISOR?:

LICENSE / CERTIFICATIONS:

<u>TYPE</u>	<u>LICENSE/CERTIFICATION #</u>	<u>EXPIRATION DATE</u>	<u>GRANTED BY</u>

REFERENCES: (LIST NAMES, ADDRESSES AND RELATIONSHIPS OF THREE PERSONS NOT RELATED TO YOU WHO KNOW YOUR QUALIFICATIONS)

<u>NAME</u>	<u>ADDRESS</u>	<u>PHONE</u>	<u>RELATIONSHIP</u>

SUMMARIZE YOUR SPECIAL SKILLS OR QUALIFICATIONS:

CERTIFICATION: I certify that my answers are true and complete to the best of my knowledge and I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part of any employment with Recovery Bay, LLC I understand that all information on this application is subject to verification. I also consent to references and former employers and educational institutions listed being contacted regarding this application.

DATE: _____	APPLICANT SIGNATURE: _____
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FOR HR USE ONLY
Action: