

Application for Employment Pioneer Recovery Center LLC

Mail: 5388 Road 37

Aurora, MN 55705

Fax: 218-638-2968

It is the policy of Pioneer Recovery Center LLC to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, marital status, religion, national origin, ancestry or other protected classification.

Name _____ Date _____
(LAST, FIRST, MIDDLE)

Street Address _____ City _____ State _____

Zip _____ Evening Phone _____ DayPhone _____

A. Personal Information

1. **Age.** Are you over 18 years of age? Yes No

2. **Citizenship.** Are you a citizen of the United States of America or otherwise authorized to work in the U.S. on an unrestricted basis? Yes No

3. **Legal Status.** Have you ever been convicted of a felony (conviction will not necessarily disqualify an applicant for employment)? Yes No

If yes, describe

conditions: _____

4. **References.** Do not list any individual whose name, occupation or relationship, by implication or otherwise, might suggest your race, age, color, sex, marital status, national origin, ancestry or religion (such as a member of the clergy).

Name _____ Phone _____

Occupation _____ Relationship _____

Name _____ Phone _____

Occupation _____ Relationship _____

Name _____ Phone _____

Occupation _____ Relationship _____

5. Education.

HIGH SCHOOL

COLLEGE/UNIVERSITY

COLLEGE/UNIVERSITY

OTHER TRAINING/EDUCATION

6. Professional Registrations. _____

7. Other Qualifications. In addition to your work experience (to be provided in Section B), what other experiences, skills or additional qualifications would especially fit you for work with our company?

B. Work Experience

Work experience must include a minimum of five complete years of work history. Use additional sheets of paper if required to complete this minimum.

8a. Most Recent Employer.

Employer _____ Phone _____
Address _____

Supervisor _____ Supervisor's Title _____
Beginning Employment Date _____ Ending Employment Date _____
Starting Position _____ Last/Current Position _____
Starting Salary _____ Last/Current Salary _____
Description of Duties _____

Reasons for Leaving _____

May we contact this employer? Yes No

Person to contact _____

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8b. Second Most Recent Employer.

Employer _____ Phone _____
Address _____

Supervisor _____ Supervisor's Title _____

Beginning Employment Date _____ Ending Employment Date _____
Starting Position _____ Last/Current Position _____
Starting Salary _____ Last/Current Salary _____
Description of Duties _____

Reasons for Leaving

May we contact this employer? Yes No

Person to contact _____

8c. *Third Most Recent Employer.*

Employer _____ Phone _____
Address _____

Supervisor _____ Supervisor's Title _____
Beginning Employment Date _____ Ending Employment Date _____

Starting Position _____ Last/Current Position _____
Starting Salary _____ Last/Current Salary _____

Description of Duties _____

Reasons for Leaving

May we contact this employer? Yes No

Person to contact _____

Person to contact _____

C. Employment References

9. When are you available to start work?

10. What is your desired position(s)?

11. Are there any essential functions of your desired position(s) that you cannot perform? _____

If yes, what can be done to accommodate you?

12. What is your preferred employment status? (CHECK ONE OR MORE) a. Part time b. Full time c. Short-term assignments d. Long-term assignments

13. Are there any hours or days you cannot or will not work?

14. Are you willing to work overtime as required?

15. Are you willing to relocate?

16. What is your desired wage or salary?

17. Are you willing to consider positions that do not offer a full benefit package?

Applicant's Certification and Agreement

I certify that the facts set forth in this Pioneer Recovery Center LLC Application for Employment are true and complete to the best of my knowledge. I understand that false statements may result in dismissal. I authorize Pioneer Recovery Center LLC to make an investigation of any of the facts set forth in this application.

I understand that employment at Pioneer Recovery Center LLC is "at will," which means that either I or Pioneer Recovery Center LLC can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I understand that no supervisor, manager or executive of Pioneer Recovery Center LLC, other than the chief executive officer, has any authority to alter the foregoing.

Date _____ Applicant's Signature _____

Pioneer Recovery Center
5388 Road 37
Aurora, MN 55705
218-638-1233

Authorization for Pre-Employment Reference and Criminal Background Check

Applicant Name Printed:: _____

Social Security #: _____

Applicant: Please Read and Sign this Authorization

I hereby authorize Pioneer Recovery Center LLC and/or its agents to investigate and verify, at any time, my background, references, employment record, statements, claims or allegations, and other matters. This may also include, but is not limited to, a criminal background check and a check on my driving record. I also authorize my former employers or any third party to disclose to Pioneer Recovery Center LLC any information related to my suitability for employment, personal or otherwise. I hereby release Pioneer Recovery Center LLC, its agents, former employers, and third parties from any and all claims, demands, or liabilities arising out of or related to such investigation or disclosure.

Signature: _____ Date: _____

Date: _____

The following individual has made application with Pioneer Recovery Center.

Applicant: (please print full name)

First Name: _____

Middle Name: _____

Last: _____

Date of Birth: _____ Age: _____

Gender: _____ (M/F)

Drivers License Number: _____

Race: _____

Social Security Number: _____ - _____ - _____

Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Other Names: (Maiden, Alias, Former)

First: _____ Last: _____

I authorize the Minnesota Bureau of Criminal Apprehension to disclose all criminal history record information to Pioneer Recovery Center for the purpose of pre-employment background check.

The expiration of this authorization shall be for a period no longer than one year from the date of my signature.

Signature of Applicant

Date

Please return to Pioneer Recovery Center LLC Human Resource Department; 5388 Road 37 Aurora, MN 55705