



SPECIALIZED TRAINING FOR ADULT REHABILITATION, INC START EMPLOYEE APPLICATION

Position Applied for _____

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE			
POLICE BACK GROUND CHECKS, FITNESS TESTS AND TESTS FOR ILLEGAL DRUGS ARE A CONDITION OF EMPLOYMENT			
Last Name	First Name	M.I.	Date
Street Address		Apartment #	
City	State	ZIP	
Phone #	Email		
Date Available	SS #	Desired Salary	
Hours available for work?			
Are you a citizen of the United States?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If so, when?	
Do you have a Valid Driver's License and the State minimum insurance coverage?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Drivers License #	
Other experience and/or training related to the job?			
EDUCATION			
High School		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
REFERENCES			
<i>Please list three references.</i>			
Full Name		Relationship	
Company		Phone # ()	
Address			
Full Name		Relationship	
Company		Phone # ()	
Address			
Full Name		Relationship	
Company		Phone # ()	
Address			

PREVIOUS EMPLOYMENT			
Company		Phone # ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company		Phone # ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company		Phone # ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
MILITARY SERVICE			
Branch		From	To
Rank at Discharge		Type of Discharge	
If other than honorable, explain			
DISCLAIMER AND SIGNATURE – PLEASE READ CAREFULLY			
I hereby certify that the facts set forth in the above employment application are true and complete. I understand that if employed, false statements on this application or interview may be considered sufficient cause for dismissal. You are hereby authorized to make any investigation of my personal history. You are additionally authorized to secure background checks and/or drug testing as required. I understand that this is not a contract for any specific length of employment, and if employed, it will be an “employment-at-will” basis.			
Signature			Date