



Health Recovery Services Employment Application

Please read carefully and complete application by submitting when finished. You can also save and submit at a later date.

Applicant's Name: _____ **Date:** ____/____/____

Position(s) Applying for _____

Are you sending us your resume also? **Yes** **No**

An Equal Opportunity Employer: *Health Recovery Service Inc., (HRS) is an equal opportunity employer, and we do not and will not discriminate on the basis of race, religion, color, sex, physical or mental handicap, sexual orientation, age, national origin, ancestry, ethnicity, developmental disability, Vietnam era or disabled veteran status, HIV Infection, AIDS - related complex or AIDS. Information provided on this application will not be used for any discriminatory purpose.*

Your complete application form will be maintained in our central file for six (6) months from the date of application and in an inactive status for an additional 18 months. You may submit a new application at any time. Nothing on this application is intended to create or imply a contractual relationship; if hired, the employee understands that employment is at will, i.e., that it is not for any specific time period or duration, and can be terminated with or without reason at any time.

Please be advised that Health Recovery Services Inc., is a Drug-Free Workplace and this requires each new employee receiving a drug test within the first 30 days of being hired.

If you prefer you can print and send application by postal mail to:

Health Recovery Services
Dept. of Human Resources
P.O. Box 724
Athens, Ohio 45701



Please provide all information requested.

Last name First MI				Date of Application				
Street address				Social Security Number				
City		State		ZIP		Home telephone	Work telephone	
Referral Source:	A By your college	B Advertisement	C Employment agency	D By an HRS Employee/ give name:		E Open house	F Walk-in	G Other
Check one								

Position(s) applied for	Wage or salary required
	Hourly _____ Annual _____

Date available for employment	Have you previously been employed by Health Recovery Services? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, Date From _____ To _____
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Employment Record

Starting with present or most recent, list previous employers. Include self-employment and summer and part-time jobs.

Last or present employer		Brief description of job duties	
Type of business			
Street address: Phone number		Type or classification of job	
City State ZIP code		Supervisor's name: Phone number	
Base salary	Dates worked From To	Reason for leaving	

Previous employer		Brief description of job duties	
Type of business			
Street address: Phone number		Type or classification of job	
City State ZIP code		Supervisor's name: Phone number	
Base salary	Dates worked From To	Reason for leaving	

Previous employer		Brief description of job duties	
Type of business			
Street address: Phone number		Type or classification of job	
City State ZIP code		Supervisor's name: Phone number	
Base salary	Dates worked From To	Reason for leaving	

Military Record

Branch of service _____	Present military affiliation: None Reserve (active) Reserve (inactive)
Kinds of training and duty while in service:	

Have you ever been convicted of a crime, including misdemeanors and summary offenses, which has not been annulled or expunged or sealed by the court _____? If yes, please use space below to describe in full, please include the state(s)the offense(s) occurred.

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Professional/Work References

List three past professional/work references who have knowledge of your qualifications for the position for which you are applying. May we contact your present employer? Yes No

These references will be mailed a form to fill out and send back to us. Please grant permission for this at the end of application

Name	Title/relationship	Address	Phone no.	Occupation

Special Skills

Computer skills	Hardware Software	Other skills, interests, activities, and hobbies
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Educational History

School name	Location (city, state)	Major course or subject	Office Use Only Copy of Degree		Graduated		Degree
			Yes	No	Yes	No	
High school							
Technical/trade (after high school)							
College (list all attended)							
Other education/training							

Name any Scientific or Clinical Papers or Essays Published within past 5 years

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May we obtain your academic transcript or degree? Yes No

If any of your educational or employment records are under other than the above name, please provide other name(s).

If applicable describe how your knowledge of the recovery process and/or professional experiences dealing with the treatment process for alcohol and/or other drugs or mental health problems could be beneficial in assisting consumers in one or a variety of therapeutic settings.

If applicable describe how your technical skills/abilities special training, etc., will efficiently and/or effectively enhance the job you are applying for.

PROFESSIONAL LICENSURE

(IF APPLICABLE)

Current Licensure/Certification	Lic/Cert. Number	Current Yes or No	Date of Expiration	Applied for in Process Yes or No	Date Applied For
LICDC					
LCDC-III					
LCDC-II					
CDCA					
LSW					
LISW					
CT					
PC					
PCC					
RN					
LPN					
Licensed Psychologist					
Psychology Assist					
Physician					
Psychiatrist					
Prevention Specialist					
Prevention Consultant					
Teaching Certificate					
Other:					

Method of verification of credential:

Attach documents if available

Professional/Malpractice Liability Insurance Data (If applicable)

Indicate name and address of your insurance carrier and policy number:

Expiration Date: _____ Amount of Coverage: _____

Have any malpractice claims ever been filed against you within the past five (5) years or are any claims currently pending?

Yes No If yes, explain

Have any malpractice allegations involving your work been settled by you, or your insurance carrier prior to the filing of a claim?

Yes No If yes, explain

Human Resources Verification of Education and Credential

Education independently verified: Yes No

Licensure/Certification independently verified: Yes No

- Verification complete/Applicant ready for hire. Forward to Director of Human Resources for completion of hiring process.

Completed by: _____ Date: _____

- Problem with verification, explain: _____

Completed by: _____ Date: _____

Notification to all Applicants for Employment

Health Recovery Services Inc.

Drug-Free Workplace

It is the policy of Health Recovery Services, Inc. (HRS) to promote a healthy and safe work environment through prohibiting in the workplace the possession and/or use of alcohol and other drugs (beyond as prescribed by a physician) as well as the possession of related paraphernalia. As official representatives of the Agency, employees are expected to be in suitable mental and physical condition while in attendance at work. The fitness for duty expectation covers all who are involved with the operations of the Agency, which includes paid staff, board members, students, independent contractors and volunteers. The term "Employees" when used in this policy refers to all of the aforementioned groups.

New-hire testing involves all employees receiving a drug test within the first 30 days of being hired. The employee will not be told when during this time period the test will occur. When a prospective employee is provided an HRS Application for Employment they will be notified by HRS staff that any offer of employment beyond the provisional status from the Agency shall be contingent upon, among other things, satisfactory completion of a post-offer, drug test. Also the representative of the Agency shall provide the applicant with a copy of the HRS Consent and Release Form for Employees and Applicants (herein the "Consent Form"). At that time the Consent Form shall be explained to the applicant and any questions the applicant may have regarding the Consent Form or the testing procedure will be answered. The applicant shall be given an opportunity to review the Company's Drug-Free Workplace Policy.

Drug-Free Workplace Consent and Release Form for Employees and Applicants

I, _____ (applicant or employee name) as an employee/ applicant of Health Recovery Services Inc. (HRS) hereby acknowledge that the agency's policy requires me to submit to urine drug testing and/or breath alcohol testing.

I further understand that the purpose of this analysis is to determine or rule out the presence of non-prescribed or prohibited dangerous controlled substances in my system.

I hereby freely and voluntarily consent to this request for a urine sample and/or breath alcohol test, and agree to participate in the testing program.

I hereby and herewith release HRS, its employees, agents and contractors from any and all liability whatsoever arising from this request for testing, from the actual testing procedures, and from decisions made concerning my application for or continuation of employment based on the results of the analysis.

I agree to cooperate in all aspects of the testing program.

I hereby authorize the release of my drug and/or alcohol test results to the Medical Review Officer, as provided in the HRS Policy and Procedures.

I further acknowledge that HRS has provided me with an opportunity to ask questions related to this drug and alcohol testing program and that all my questions have been answered.

Employee/Applicant Signature: _____ Date: _____

Criminal Background Investigations

Enactment of Senate Bill 38 requires personnel hired after October 29, 1993 who will be working with children (persons under the age of 18), to complete a criminal records check. Amended Substitute Bill 160 extended the requirement for such background checks to staff providing services to adults age 60 and over effective January 27 1997. A common definition of the law states: "In determining what positions require criminal records check, employers should keep in mind that the intent of the legislation was to protect patients from employees who had time and opportunity to commit crimes against them". Therefore, HRS has taken the position that all employees hired subsequent to the passage of these statutes will be subject to both state and federal criminal record checks.

State of Ohio law requires that the Bureau of Criminal Identification and Investigation (BCII) conduct the criminal records check within the state and the Federal Bureau of Investigation (FBI) to provide the national background check. The employer (HRS) is authorized to charge the applicant a fee provided the applicant is notified of that charge at the time of the initial application and the fee does not exceed the aforementioned costs.

As indicated, HRS has taken the position that all employees hired subsequent to the passage of these statutes will be subject to both state and federal criminal record checks regardless of "Proof of having been a resident" of Ohio. The law permits an employer to hire an applicant "conditionally" for a period not to exceed 60 days after a criminal records check has been requested, and the request must be made within 5 business days after the conditional employment begins. The applicant is responsible for payment for background checks. If conditional employment is offered, then payment may be obtained through payroll deduction.

Applicants Acknowledgement of Responsibility for Information Provided

I hereby certify that the answers and other information on this application are true and correct and I understand if employed any omission or misrepresentation of facts on my part will be justification for termination from the company's service. Also I acknowledge that if employed, that my employment is conditional upon receipt of a background report from the Bureau of Criminal Identification and Federal Bureau of Investigation, a alien registration number if applicable, and any other pertinent information bearing upon my suitability for employment. It is also understood that my continued employment is contingent upon the doctrine of "employment at will" which depends on the will of the company or myself. **I agree to the above terms and conditions and certify this by inserting my initials as my official signature for this document.**

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Release of Information for professional/work references/Motor Vehicles Report

Please print or type:

I, _____ am applying for the position of _____ at Health Recovery Services Inc. (HRS).

I,:

- Authorize HRS to make inquiries concerning such information about me to my previous employer(s), current employer, educational institutions, State licensing boards, professional liability insurance carriers, other professional organizations and/or persons, agencies organizations or institutions listed by me as references, Bureau of Motor Vehicles, and to any other appropriate sources to whom HRS may be referred by those contacted or deemed appropriate;
- Authorize release of such information and copies of related records and/or documents to HRS officials;
- Release from liability all those who provide information to HRS in good faith and without malice in response to such inquiries; and
- Authorize HRS to disclose to such persons, employers, institutions, boards or agencies identifying and other information about me to enable HRS to make such inquiries.

(Applicants Signature)

(Date)

Health Recovery Services Inc.

Employment Reference Request & Authorization for Release of Information

Please print or type:

I, _____ am applying for the position of _____ at Health Recovery Services.

I, authorize _____ to supply any records and/or information regarding my suitability for potential employment.
(Name of individual or Organization/Company as applicable)

(If a Organization/Company Information Source Person Name) (Street Address or email address)

(Telephone: Area Code Number) (City) (State) (Zip Code)

(Applicants Signature) (Date)

Reference Source Response: _____ In what capacity do you know this applicant?

Employer Supervisor Subordinate Teacher Friend Other _____

If a previous employer/supervisor would you rehire this applicant? Yes No
Date of employment From _____ To _____
Comment

If a personal reference would you recommend this applicant for the position applied for? Yes No

Comment

Assessment of applicants work characteristics

	Excellent	Good	Satisfactory	Needs Improvement
Attendance/Punctuality				
Motivation				
Judgment				
Dependability				
Professional Conduct				
Job Performance				
Interpersonal Skills				
Leadership skills				

Additional Comments:

Completed by: _____ (Name) _____ (Title) _____ (Date)

*Please return this form in the envelope provided within 10 days from date of receipt.
Health Recovery Services, Dept. of Human Resources P.O. Box 724 Athens, Ohio 45701*

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I, _____ am applying for the position of _____ at Health Recovery Services.

I, authorize _____ to supply any records and/or information regarding my suitability for potential employment.
(Name of individual or Organization/Company as applicable)

_____ (If a Organization/Company Information Source Person Name)		_____ (Street Address)		
_____ (Telephone: Area Code	_____ Number)	_____ (City)	_____ (State)	_____ (Zip Code)
_____ (Applicants Signature)			_____ (Date)	

Reference Source Response: _____ In what capacity do you know this applicant?

Employer Supervisor Subordinate Teacher Friend Other _____

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Date of employment From _____ To _____
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If a personal reference would you recommend this applicant for the position applied for? Yes No

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