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| Medicine Wheel Recovery Services, Inc.  Employment Application | C:\Users\Pam Daniel\Documents\MWRS2\creation logo.jpg |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Applicant Information | | | | | | | | | | | | | | | | | | | | | | | | | |
| Last Name | |  | | | | | | | | First |  | | | | | | | | | M.I. | | Date | |  | |
| Street Address | | |  | | | | | | | | | | | | | | | | | Apartment/Unit # | | | |  | |
| City |  | | | | | | | | | State |  | | | | | | | | | ZIP |  | | | | |
| Phone |  | | | | | | | | | E-mail Address | | | |  | | | | | | | | | | | |
| Date Available | | |  | | | | | Are you available: | | | Days  Swing  Weekends | | | | | | | | Desired Salary | | |  | | | |
| Position Applied for | | | | |  | | | | | | | | | | | | | | | | | | | | |
| Are you a citizen of the United States? | | | | | | | | | YES | NO | If no, are you authorized to work in the U.S.? | | | | | | | | | | | | YES | | NO |
| Have you ever worked for this company? | | | | | | | | | YES | NO | If so, when? | | | | |  | | | | | | | | | |
| Education | | | | | | | | | | | | | | | | | | | | | | | | | |
| **High School** | |  | | | | | | | | Address | |  | | | | | | | | | | | | | |
| From |  | | | To | |  | Did you graduate? | | | YES | | NO | | | Degree | | |  | | | | | | | |
| **College** |  | | | | | | | | | Address | |  | | | | | | | | | | | | | |
| From |  | | | To | |  | Did you graduate? | | | YES | | NO | | | Degree | | |  | | | | | | | |
| **Other** |  | | | | | | | | | Address | |  | | | | | | | | | | | | | |
| From |  | | | To | |  | Did you graduate? | | | YES | | NO | | | Degree | | |  | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| References | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please list three professional references. | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Full Name** | |  | | | | | | | | | | | Relationship | | | | |  | | | | | | | |
| Company | |  | | | | | | | | | | | Phone | | | |  | | | | | | | | |
| Address | |  | | | | | | | | | | | | | | | | | | | | | | | |
| **Full Name** | |  | | | | | | | | | | | Relationship | | | | |  | | | | | | | |
| Company | |  | | | | | | | | | | | Phone | | | |  | | | | | | | | |
| Address | |  | | | | | | | | | | | | | | | | | | | | | | | |
| **Full Name** | |  | | | | | | | | | | | Relationship | | | | |  | | | | | | | |
| Company | |  | | | | | | | | | | | Phone | | | |  | | | | | | | | |
| Address | |  | | | | | | | | | | | | | | | | | | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Previous Employment- Attach additional sheets if necessary-Do not write see resume | | | | | | | | | | | | | | | | | | | |
| **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 | NO |  | | | | | | |
| **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 | NO |  | | | | | | |
| **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 | NO |  | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| Military Service | | | | | | | | | | | | | | | | | | | |
| Branch | |  | | | | | | | | | | | | From | |  | To |  | |
| Rank at Discharge | | | | | |  | | | | | | | | Type of Discharge | | | | |  |
| If other than honorable, explain | | | | | | | |  | | | | | | | | | | | |
| **DRIVING HISTORY** | | | | | | | |  | | | | | | | | | | | |
| Do you have a driver’s license? | | | | | | | | YES  NO | | | | | | | | | | | |
| Driver's License Number: | | | | | | | | Expiration Date: State Issued: | | | | | | | | | | | |
| Any accidents in the last 3 years? | | | | | | | | YES  NO  If yes how many? | | | | | | | | | | | |
| Any moving violations in the last 3 years? | | | | | | | | YES  NO  If yes how many? | | | | | | | | | | | |
| What is your means of transportation? | | | | | | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| OFFICE EQUIPMENT | | | | | | | | | | | | | | | | | | | |
| Typing? YES  NO  WPM: | | | | | | | | | | | | | | | | | | | |
| Personal Computer? YES  NO  PC  MAC | | | | | | | | | | | | | | | | | | | |
| Word Processing? YES  NO | | | | | | | | | | | | | | | | | | | |
| Other office skills? | | | | | | | | | | | | | | | | | | | |
| Disclaimer and Signature | | | | | | | | | | | | | | | | | | | |
| **PLEASE READ CAREFULLY**  **APPLICATION FORM WAIVER**  I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.  In exchange for the consideration of my job application by Medicine Wheel Recovery Services (hereinafter called “the Agency”), I agree that:  Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Agency practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Medicine Wheel Recovery Services, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President /General Manager of the Agency. Both the undersigned and Medicine Wheel Recovery Services may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Agency may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.  I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Agency permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Agency from any liability as a result of such contract.  I also understand that (1) the Agency has a drug and alcohol policy that provides for pre-employment testing as well as random and/or for cause testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy.  I understand that upon offer of employment the agency will conduct a background screening as required by Oregon state licensing requirements for agencies. Employment offers are contingent upon passing of background screening.  I further understand that my employment with the Agency shall be probationary for a period of sixty (60) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.  *This Agency is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications. EOE: Within scope of Indian Preference, all candidates receive equal consideration. Preference in hiring is given to qualified Native Americans in accordance w/the Indian Preference Act (Title 25, US Code, Section 472 &473).*  We encourage applications from those in recovery, but we require 2+ years of continuous sobriety. A DHS criminal background investigation is conducted on all new employees. Convictions are evaluated for each position and are not necessarily disqualifying.  Bilingual candidates are strongly encouraged to apply.  *Thank you for completing this application form and for your interest in our agency.* | | | | | | | | | | | | | | | | | | | |
| Signature | | | |  | | | | | | | | | | | | Date |  | | |

***RESUME MUST BE SUBMITTED WITH APPLICATION FOR CONSIDERATION***