Application for Employment
Recovery Centers of Arkansas We are an equal opportunity employer.

Personal Information Date_____SS Number_____

Name_____
Last First Middle I

Address_____
Street City State Zip

Phone_____Cell_____E-mail_____

Position applying for:_____ Date you can start _____

Are you employed now:_____ May we contact your current employer?_____

Have you been employed by RCA before?_____ Where _____ When_____

Were you a client of RCA within the past two years?_____ Do you have a valid Drivers License?_____

Have you even been convicted of a misdemeanor or felony? _____ Are you currently on probation or parole?_____

All RCA employees you know:_____Referred by:_____

A resume or vita may be submitted in place of the Education and Work History Sections

Education

Education	Name and Location	Circle Last Completed	Did you Graduate?	Subjects Studied
High School		1 2 3 4	Yes No	
College		1 2 3 4	Yes No	
Business Graduate		1 2 3 4	Yes No	

Work History – List former employers below starting with the Last one First

Date (month & year)	Name of Employer	Salary	Position	Reason for leaving
From / To				
From / To				
From / To				

References: Give below the names of three persons not related to you, who you have known at least one year.

Name	Phone numbers	Circle Business or Personal
		Business Personal
		Business Personal
		Business Personal

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts can result in dismissal if hired. Further, I understand and agree that if hired, my employment is for no definite period and my regardless of the date of payment of my wages and salary, be terminated at any time without any previous notice.

_____
Signature/Date