

Red River Recovery Center  
Employment Application Form

**Personal Information:**

Today's Date \_\_\_\_\_

Full Name _____		
Soc Security # _____	Telephone # _____	
Address _____		
City _____	State _____	Zip _____

**Employment Desired:**

Position(s) applying for: _____							
Date you can begin _____			Salary Desired _____				
Are you currently employed?		Yes	No	If yes, may we contact your employer?		Yes	No
Employment Sought:		Full-Time		Part-Time			
Availability Schedule:							
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
Can you, at the time of employment, submit verification of your legal right to work in the U.S.? Y N							

**Education:**

High School _____	Location _____	Graduate	Yes	No
College _____	Location _____	Graduate	Yes	No
Major _____				
Other _____	Location _____	Graduate	Yes	No
Major _____				

Why are you interested in becoming an employee with Red River Recovery Center? _____
If in a program for chemical dependency, do you have two years freedom from chemical use problems? Yes No _____

**Employment History--** List most recent first

Dates of Employment _____ Company Name _____ Address _____ Telephone _____ Supervisor _____ Last Position Held _____ Responsibilities _____ Reason for Leaving _____ -----
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Dates of Employment _____ Company Name _____ Address _____ Telephone _____ Supervisor _____ Last Position Held _____ Responsibilities _____ Reason for Leaving _____

**References--** List 3 individuals (not related to you) who are familiar with your work-related skills.

Name	Name of Company	Company Address	Telephone #	Years Acquainted

What are your career goals _____ Where did you get information about the position _____ Have you ever been convicted of any crime? (including sex-related or child abuse related) _____ If yes, please explain: _____ _____ _____
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