



EMPLOYMENT APPLICATION

Please complete the application and return to Human Resources.
Copies of your Driver License or State ID and Social Security Card are also needed.
The hiring supervisor will be in contact if further processing will be pursued.
You will be advised when this is necessary.

Thank you for applying for employment at Lifetime Recovery!

The mission of Lifetime Recovery is changing lives through comprehensive treatment of substance abuse.

96 Crossroads Blvd, San Antonio TX, 78201
Phone: (210) 734-6362 Fax: (210) 731--2916
Website: www.ltrtx.org

How did you hear about the position for which you are applying?

As part of the application process Lifetime Recovery will conduct background checks on applicants.

Equal Opportunity Employer. It is the policy of Lifetime Recovery to adhere to all federal, state and local laws prohibiting employment discrimination based solely on a person's race, color, religious creed, sex, national origin, ancestry, citizenship status, pregnancy, childbirth, physical disability, mental disability, age, military status or status as a Vietnam-era or special disabled veteran, marital status, registered domestic partner or civil union status, gender, medical condition, generic information, sexual orientation, or any other protected status except where a reasonable, bona fide occupational qualification exists.

Please Type or Print in Ink			Today's Date	
First Name	MI	Last Name		
Current Mailing Address			Last 4 of Social Security Number	
City	County	State	Zip Code	
Home Phone	Cell Phone	E-mail Address		
Position for which you are applying	Date available for work	Minimum salary requirement		
Full-time ___ Part-time ___ Temporary ___		If part-time, specify what hours and days available		
Are you subject to any type of agreement with a current or former employer that would restrict your ability to work at the position to which you have applied (e.g., non-compete, confidentiality, non-disclosure)? Yes ___ No ___				

Education and Training

	School Name	City and State	Degree/Diploma Major Course of Study	Degree Received
High School/GED				Yes () No ()
Trade School				Yes () No ()
College				Yes () No ()
Graduate School				Yes () No ()
List the area of study or degree/diploma received from an unaccredited college, as well as any other education, training, special skills or certificates/licenses that you have related to the position you are applying towards.				
Professional License Or Certification		Issuing Agency	Date Issued	Expiration Date
List any machines, equipment or software programs you are qualified and experienced in using.				
List any languages you speak fluently		List any languages the you read/write fluently		
If you are applying for a position involving driving a motor vehicle as part of your duties, please Indicate whether you have a valid driver's license. Yes () No ()				

General Information

Applicant Name _____

Can you verify your legal right to work in the US? Yes () No ()	Are you 16 years old or over? Yes () No ()
Were you previously employed by Lifetime Recovery Yes () No () If yes, please give dates: From: (month/year) To: (month/year)	
Can you perform the essential functions of the position you are applying for? Yes () No ()	
List any relatives you have working at Lifetime Recovery.	

Work History (List all positions for the last ten years beginning with your most recent position). Please account for gaps in the work history. Use back of application if necessary.

Name of Employer			Type of Business	
Address		City	State	ZIP
Title			Telephone Number ()	
Name and Title of Supervisor			Type of Employment () Part-Time () Full-Time	
May We Contact () Yes () No	Employed From (month/year)	Employed To (month/year)	Last Salary \$	
Brief Description of Duties			Reason For Leaving	

Name of Employer			Type of Business	
Address		City	State	Zip
Title			Telephone Number ()	
Name and Title of Supervisor			Type of Employment () Part-Time () Full-Time	
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May We Contact	Employed From (month/year)	Employed To (month/year)	Last Salary \$
Brief Description of Duties		Reason for Leaving	

Criminal Record Information (Instruction for answering the next two questions)

1. Convictions/Deferred Adjudication/Pleas. Have you ever been convicted of, pled guilty or no contest to any criminal offense? A conviction may not disqualify you but a false statement will. () Yes () No
2. Have you ever had a complaint filed against you with the Department of Family and Protective Services in Texas or any other State? () Yes () No If yes please answer the following:

State/Country:

Date:

Explain:

Final Result of Complaint

Business References (List two people, in addition to listed employment references, known to you for at least 3 years)

Name	Occupation/Association	Telephone
		()
		()

Please include any other information you think that would help you better qualify for his position such as work experience, articles/books, activities, honors achieved, and any other. Please do not include information that includes age, sex, sexual orientation, race, religion, color, national origin, or disability.

Agreement (Please read the following information very carefully).

I hereby affirm that the information provided on this application (and included resume, if any) is true and complete to the best of my knowledge, I also agree that falsification, or leaving out required information, requested in this application or in the application process may disqualify me from further consideration for employment and may be cause for dismissal if discovered at a later date.

I authorize all people listed above, and on the resume, to give Lifetime Recovery any and all information concerning my previous employment and education and any pertinent information they have, personal or otherwise, and release all parties, and Lifetime Recovery from liability for an damage that may result from furnishing information to Lifetime Recovery.

If employed, I agree to abide by, and sign for, the policies and procedures, which include anti-harassment. I further understand that my employment can be terminated, with or without cause or notice, at the direction of Lifetime Recovery or myself. I further understand that no manager or representative of Lifetime Recovery has any authority to enter into agreement, oral or written on behalf of Lifetime Recovery, for a term of employment or to make assurance or promise of continued employment.

I understand and agree that, subject to applicable law, I might be required to take an alcohol or drug screening test. I hereby give my voluntary consent for a urine or blood sample to be collected from me and submitted for testing. I also consent to the release of the results to Lifetime Recovery. I understand that a positive drug or alcohol result may preclude my employment.

The needs of the employer may make the following conditions mandatory: overtime, shift work, rotating work schedules, or a work schedule other than Monday through Friday. I accept these conditions of employment.

Applicant's Signature	Date Signed (mm/dd/yy)
Print Full Name	Last 4 Digits of Social Security Number