



# GENESIS RECOVERY SERVICES, INC.

## APPLICATION FOR EMPLOYMENT

### PERSONAL INFORMATION

Date of application: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street (Apt) City/State Zip

Contact Information: \_\_\_\_\_  
Home Phone Cell Phone Email

DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

HOW DID YOU LEARN ABOUT GENESIS RECOVERY SERVICES? \_\_\_\_\_

Position Sought: \_\_\_\_\_ Available Start Date: \_\_\_\_\_

Desired Pay Range: \_\_\_\_\_ Hourly or Salary  
Currently employed?  Yes  No

### EDUCATION

	Name and Location	Graduate? - Degree?	Major/Subjects of Study
High School			
College/University			
Specialized Training, Trade School, etc...			
Other Education			

Please list your areas of highest proficiency, special skills or other items that may contribute to your abilities in performing the above mentioned position.

\_\_\_\_\_  
\_\_\_\_\_

APPLICATION FOR EMPLOYMENT

EMERGENCY CONTACT

Please list someone we can get ahold of in case of an emergency.

Name: Last First Middle

Address: Street (Apt) City/State Zip

Contact Information: Home Phone Cell Phone Email

WARNING :

YOU MUST BE ABLE TO PASS A BACKGROUND CHECK TO WORK FOR GENESIS RECOVERY

MUST ABIDE BY ALL HIPPA PRIVACY RULES AND CONFIDENTIALITY GUIDELINES

NO TOBACCO OR NICOTINE VAPING PRODUCTS OF ANY KIND ALLOWED AT GENESIS

GENESIS RECOVERY IS A 24 HOUR RESIDENTIAL INTENSIVE TREATMENT PROGRAM. IT IS OUR RESPONSIBILITY TO KEEP OUR CLIENTS, RESIDENTS, AND EMPLOYEES SAFE. THEREFORE, GENESIS RECOVERY WILL PROSECUTE THE CONDUCTING OF ANY ILLEGAL ACTIVITY ON PREMISE. ALCOHOL AND ILLEGAL DRUGS ARE NOT ALLOWED PERMITTED ON GENESIS PROPERTY, NOR ANY ILLEGAL ACTIVITY RELATED TO DRUG DEALING OR TRAFICKING OF ANY KIND. FURTHERMORE, IT IS FORBIDDEN TO BE UNDER THE INFLUENCE OR IN THE POSSESSION OF ANY SUBSTANCE WHILE WORKING AT GENESIS RECOVERY.

Marital Status? [ ] Single [ ] Married

Do you have a reliable transportation to get to work in? [ ] Yes [ ] No

Do you have a current drivers license? [ ] Yes [ ] No

Do you have current vehicle insurance? [ ] Yes [ ] No

Are you willing to cover shifts between 4pm and 12am? [ ] Yes [ ] No

Are you willing to cover shifts between 12am and 8am? [ ] Yes [ ] No

Are you willing to cover shifts between 8am and 4pm? [ ] Yes [ ] No

**APPLICATION FOR EMPLOYMENT**

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**PREVIOUS EXPERIENCE**

Please list beginning from most recent

Dates Employed	Company Name	Location	Role/Title

\_\_\_\_\_  
Supervisors Name                      Supervisors Phone                      May we contact them?

Job notes, tasks performed and reason for leaving:

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\_\_\_\_\_  
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Supervisors Name                      Supervisors Phone                      May we contact them?

Job notes, tasks performed and reason for leaving:

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\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date