Addiction Treatment Centers

MARYVILLE, INC.

EMPLOYMENT APPLICATION

Programs, services, and employment are equally available to everyone. Please inform the Human Resources Department if you require reasonable accommodations for the application and/or interview.

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APPLICANT DATA:
(*Please print clearly*)

Name: _____
First Middle Last

Address: _____
Street City State Zip

Contact Information: _____ _____ _____
Home Phone Cell Phone E-mail address

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POSITION SOUGHT: _____

Salary Requirement: _____

Available start date: _____

Type of employment desired: _____Full-time _____Part time _____Temporary _____Seasonal

Have you ever worked for Maryville, Inc. before? _____YES _____NO
If yes, please explain: _____

Have you ever applied to Maryville, Inc. before: _____YES _____NO?
If yes, please explain: _____

Do you have any friends, relatives, and/or acquaintances working for Maryville? ___YES _____NO
If yes, please list name and relationship: _____

Please list your areas of highest proficiency, special skills, or other items that may contribute to your abilities in performing the position for which you are applying: _____

_____

_____

Do you speak, write, or understand any foreign language? _____YES _____NO

If yes, which language(s) and how fluent of a speaker you consider yourself to be: _____

_____

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PREVIOUS EXPERIENCE:

Please list positions stating with the most recent.

Dates Employed	Company Name	Position Title	Supervisor	Salary

Position Responsibilities and Reason for Leaving: _____

_____

_____

Dates Employed	Company Name	Position Title	Supervisor	Salary

Position Responsibilities and Reason for Leaving: _____

_____

_____

Dates Employed	Company Name	Position Title	Supervisor	Salary

Position Responsibilities and Reason for Leaving: _____

_____

_____

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EDUCATION & TRAINING:

	Name & Location	Did you Graduate?	Degree Obtained	Major/Subjects of study
High School				
College or University				
Specialized Training, Trade School, etc.				
Other Education				

Licenses/Certification:
_____

Computer Skills: _____

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REFERENCES:

Please furnish the information below of two people who you are not related and by whom you have not been employed:

Name: _____ Phone: _____

Address: _____ City: _____ State _____ Zip_____

Name: _____ Phone: _____

Address: _____ City: _____ State _____ Zip_____

If you are currently employed, may we contact your present employer? _____YES _____NO
If yes, please list contact person and phone number: _____
_____

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OTHER INFORMATION:

If hired, would you be able to present evidence of your U.S. citizenship or proof of your legal right to work in the United States? _____YES _____NO

If hired, are you willing to submit to and pass a controlled substance test? _____YES _____NO

If hired, are you willing to submit to a background check using fingerprints? _____YES _____NO

Are you able to perform the essential functions of the position for which you are applying, either with or without reasonable accommodations? _____YES _____NO
If no, describe the essential functions you cannot perform:
_____
(Maryville complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions.)

Are there any other areas of the job description that you cannot meet? _____YES _____NO
If yes, what are those areas? _____

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PLEASE READ AND INITIAL EACH PARAGRAPH AND THEN SIGN BELOW:

_____I certify that I have not purposely withheld any information that might adversely affect my chances for hiring. I attest to the fact that the answers given by me are true and correct to the best of my knowledge and ability. I understand that any omission (including any misstatement) of material fact on this application or any document used to secure employment can be grounds for rejection of application or, if I am employed by Maryville, terms for my immediate termination from Maryville.

_____I understand that if I am employed, my employment is not definite and can be terminated at any time either with or without prior notice and by either me or Maryville (Maryville is an AT WILL EMPLOYER).

_____I permit Maryville to examine my references, record of employment, education record, and any other information I have provided. I authorize the references (both professional and personal) I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release Maryville, my former employers, and all other persons from any and all claims, demands, or liabilities arising out of or in any way related to such examination or revelation.

Applicant's Signature: _____Date:_____

ALL EMPLOYEES AT MARYVILLE INC. ARE "AT WILL EMPLOYEES".

Rev. 3/15