I CAN Recovery Care, LLC

EMPLOYMENT APPLICATION

Complete all sections. To e-sign, open the downloaded PDF in Adobe Acrobat Reader and choose Fill & Sign.
Select Add Signature, type or draw your signature, and place it on the signature line on page 4.
Save/download the signed PDF, then email it to info@icanrecoverycare.org. Keep a copy for your records.

PERSONAL INFORMATION

FULL NAME: _____ **DATE:** _____
First Middle Last

ADDRESS: _____
Street Address Apt/Suite

_____
City State Zip Code

E-MAIL: _____ **PHONE:** _____

SOCIAL SECURITY NUMBER (SSN): ___ - ___ - ____

DATE AVAILABLE: _____ **DESIRED PAY**: $ _____ ☐ HOUR ☐ SALARY

POSITION APPLIED FOR: _____

EMPLOYMENT DESIRED: ☐ FULL-TIME ☐ PART-TIME ☐ SEASONAL

EMPLOYMENT ELIGIBILITY

ARE YOU LEGALLY ELIGIBLE TO WORK IN THE U.S? ☐ YES ☐ NO*

HAVE YOU EVER WORKED FOR THIS EMPLOYER? ☐ YES* ☐ NO

***IF YES, WRITE THE START AND END DATES:** _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? ☐ YES* ☐ NO

***IF YES, PLEASE EXPLAIN:** _____

EDUCATION

HIGH SCHOOL: _____ CITY / STATE: _____

FROM: _____ TO: _____

GRADUATE? ☐ YES ☐ NO DIPLOMA: _____

COLLEGE: _____ CITY / STATE: _____

FROM: _____ TO: _____

GRADUATE? ☐ YES ☐ NO DEGREE: _____

OTHER: _____ CITY / STATE: _____

FROM: TO:

DEGREE/CERTIFICATION:

OTHER: CITY / STATE:

FROM: TO:

DEGREE/CERTIFICATION:

PREVIOUS EMPLOYMENT

EMPLOYER 1:
Company / Individual

E-MAIL: PHONE:

ADDRESS:
Street Address Apt/Suite

City State Zip Code

STARTING PAY: $ ☐ HOUR ☐ SALARY ENDING PAY: $ ☐ HOUR ☐ SALARY

JOB TITLE: RESPONSIBILITIES:

FROM: TO:

REASON FOR LEAVING:

EMPLOYER 2:
Company / Individual

E-MAIL: PHONE:

ADDRESS:
Street Address Apt/Suite

City State Zip Code

STARTING PAY: $ ☐ HOUR ☐ SALARY ENDING PAY: $ ☐ HOUR ☐ SALARY

JOB TITLE: RESPONSIBILITIES:

FROM: TO:

REASON FOR LEAVING:

EMPLOYER 3:
Company / Individual

E-MAIL: PHONE:

ADDRESS:
Street Address Apt/Suite
City State Zip Code

STARTING PAY: $ ☐ HOUR ☐ SALARY ENDING PAY: $ ☐ HOUR ☐ SALARY

JOB TITLE: RESPONSIBILITIES:

FROM: TO:

REASON FOR LEAVING:

REFERENCES
(PROFESSIONAL ONLY)

FULL NAME: RELATIONSHIP:
First Last

COMPANY: TITLE:

E-MAIL: PHONE:

FULL NAME: RELATIONSHIP:
First Last

COMPANY: TITLE:

E-MAIL: PHONE:

FULL NAME: RELATIONSHIP:
First Last

COMPANY: TITLE:

E-MAIL: PHONE:

MILITARY SERVICE

ARE YOU A VETERAN? ☐ YES ☐ NO

BRANCH: RANK AT DISCHARGE:

FROM: TO:

TYPE OF DISCHARGE:

IF NOT HONORABLE, PLEASE EXPLAIN:

BACKGROUND CHECK CONSENT

IF ASKED, ARE YOU WILLING TO CONSENT TO A BACKGROUND CHECK? ☐ YES ☐ NO

DISCLAIMER

Applicant understands that this is an Equal Opportunity Employer and committed to excellence through diversity. In order to ensure this application is acceptable, please print or type with the application being fully completed in order for it to be considered.

Please complete each section EVEN IF you decide to attach a resume.

I, the Applicant, certify that my answers are true and honest to the best of my knowledge. If this application leads to my eventual employment, I understand that any false or misleading information in my application or interview may result in my employment being terminated.

SIGNATURE _____ DATE

Place your Fill & Sign signature above this line.

PRINT NAME

E-SIGN, DOWNLOAD AND EMAIL

E-sign this application, download/save the completed signed PDF, and email it to I CAN Recovery Care at info@icanrecoverycare.org. Keep a copy for your records.