

SERENITY RECOVERY CENTERS, INC.

1094 Poplar Avenue
Memphis, Tennessee 38105
901-521-1131

APPLICATION FOR EMPLOYMENT

Serenity Recovery Centers, Inc., ("the Center") is an equal opportunity employer and fully subscribes to the principles of equal employment opportunity. We consider applicants for all positions without regard to race, color, religion, creed, sex, national origin, age, marital or veteran status, disability, or any other protected basis under local, state or federal law. No question on this application is asked for the purpose of limiting or excluding any applicant's consideration for employment because of the applicant's inclusion in one of the protected categories.

PERSONAL INFORMATION

LAST NAME	FIRST	MIDDLE	SOCIAL SECURITY NO.		
PRESENT ADDRESS	STREET AND NUMBER	CITY	STATE	ZIP	TELEPHONE NO.
PLEASE PROVIDE EMERGENCY CONTACT INFORMATION.					
NAME		ADDRESS		PHONE	
TO VERIFY EDUCATIONAL, EMPLOYMENT AND OTHER BACKGROUND INFORMATION, PLEASE INDICATE IF YOU HAVE EVER BEEN EMPLOYED OR ATTENDED SCHOOL UNDER A DIFFERENT NAME, LISTING NAMES AND RELEVANT DATES.					
TITLE OF POSITION APPLYING FOR?				TODAY'S DATE	
THE CENTER OPERATES 24 HOUR FACILITIES SEVEN DAYS A WEEK. WORKING HOURS MAY VARY BASED ON THE CENTER'S NEEDS. IF THERE IS ANY LIMITATION ON YOUR AVAILABILITY TO WORK, INDICATE WHEN YOU ARE UNAVAILABLE.					
ARE YOU WILLING TO WORK OVERTIME OR OUTSIDE REGULAR SHIFT HOURS IF ASKED? YES NO					
DO YOU HAVE ANY FRIENDS OR RELATIVES WHO WORK FOR THE CENTER? YES NO IF YES, PLEASE IDENTIFY.				DATE AVAILABLE TO START WORK	
ARE YOU LEGALLY PERMITTED TO WORK IN THE UNITED STATES? (either by U.S. citizenship or by a current VISA if not a U.S. citizen) YES NO				UPON EMPLOYMENT, YOU MUST SHOW PROOF OF CITIZENSHIP OR AUTHORIZATION TO WORK IN THE U.S.	
ARE YOU 18 YEARS OF AGE? YES NO IF NOT, WHAT IS YOUR AGE?				DRIVING LICENSE NO., IF DRIVING IS AN ESSENTIAL JOB FUNCTION. State _____ No. _____	
WHILE EMPLOYED AT THE CENTER, DO YOU EXPECT TO ENGAGE IN ANY OTHER EMPLOYMENT? YES NO IF YES, STATE THE NATURE OF THE BUSINESS AND AMOUNT OF TIME IT WILL REQUIRE.					
HAVE YOU EVER BEEN CONVICTED OF OR PLED GUILTY TO A FELONY? YES NO IF YES, EXPLAIN BRIEFLY AND GIVE DATE OF OFFENSE. (Attach additional pages, if necessary)					
HAVE YOU EVER BEEN CONVICTED OF OR PLED GUILTY TO A MISDEMEANOR OFFENSE, OTHER THAN A MINOR DRIVING OFFENSE? YES NO IF YES, EXPLAIN BRIEFLY AND GIVE DATE OF OFFENSE. (Attach additional pages, if necessary)					
NOTE: AN APPLICANT WILL NOT BE DENIED CONSIDERATION FOR EMPLOYMENT SOLELY BECAUSE OF CRIMINAL RECORD. THE SERIOUSNESS OF THE CRIME, RELATEDNESS TO JOB POSITION FOR WHICH THE APPLICANT IS APPLYING, AND DATE OF CONVICTION WILL BE CONSIDERED.					

EDUCATION

	NAME AND ADDRESS (CITY, STATE, ZIP CODE)	MAJOR COURSE OR SUBJECT	NO. OF YRS. ATTENDED	GRADUATED	DEGREE	GPA
HIGH SCHOOL	NAME _____ LOCATION (City & State)			<input type="checkbox"/> YES <input type="checkbox"/> NO		
COLLEGE BUSINESS TECHNICAL U.S. MILITARY	NAME _____ LOCATION (City & State)			<input type="checkbox"/> YES <input type="checkbox"/> NO		
GRADUATE SCHOOL OR OTHER	NAME _____ LOCATION (City & State)			<input type="checkbox"/> YES <input type="checkbox"/> NO		
LIST SCHOLASTIC HONORS, SCHOLARSHIPS, CIVIC PARTICIPATION AND MEMBERSHIPS IN CLUBS, ORGANIZATIONS OR OTHER GROUPS SUCH AS PROFESSIONAL SOCIETIES. NOTE: Honors or activities that may reveal age, race, national origin, religion, or sex need not be disclosed.						

SKILLS

PLEASE INDICATE ANY SKILLS IN WHICH YOU ARE PROFICIENT		
DATA ENTRY	WORD PROCESSING	TYPING SPEED
ANY COMPUTER AND/OR SOFTWARE EXPERIENCE:		
MANAGEMENT/SUPERVISORY EXPERIENCE		

REFERENCES

Please list three references, other than family members, at least two of which can effectively evaluate your job related training, experience and capabilities.

NAME		NAME		NAME	
ADDRESS		ADDRESS		ADDRESS	
PHONE NO.		PHONE NO.		PHONE NO.	
RELATIONSHIP	YRS. KNOWN	RELATIONSHIP	YRS. KNOWN	RELATIONSHIP	YRS. KNOWN

EMPLOYMENT & BUSINESS EXPERIENCE

Give employment record as completely as possible starting with your present or last employer. Give a full account of how your time has been spent, whether employed or not. If you have not left your last job, indicate in the space marked "Reason for Leaving" why you are contemplating leaving. **Applications must be filled out completely.** Attach additional pages if necessary.

EMPLOYER		TYPE OF BUSINESS		STARTING DATE MO. YR.		LEAVING DATE MO. YR.		MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
ADDRESS			CITY	STATE	ZIP CODE		PHONE		
STARTING SALARY \$		FINAL SALARY \$		SUPERVISOR'S NAME REASON FOR LEAVING					
LIST POSITION TITLE AND DESCRIBE WORK AND RESPONSIBILITIES:									

EMPLOYER		TYPE OF BUSINESS		STARTING DATE MO. YR.		LEAVING DATE MO. YR.		MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
ADDRESS			CITY	STATE	ZIP CODE		PHONE		
STARTING SALARY \$		FINAL SALARY \$		SUPERVISOR'S NAME REASON FOR LEAVING					
LIST POSITION TITLE AND DESCRIBE WORK AND RESPONSIBILITIES:									

EMPLOYER		TYPE OF BUSINESS		STARTING DATE MO. YR.		LEAVING DATE MO. YR.		MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
ADDRESS			CITY	STATE	ZIP CODE		PHONE		
STARTING SALARY \$		FINAL SALARY \$		SUPERVISOR'S NAME REASON FOR LEAVING					
LIST POSITION TITLE AND DESCRIBE WORK AND RESPONSIBILITIES:									

EMPLOYER		TYPE OF BUSINESS		STARTING DATE MO. YR.		LEAVING DATE MO. YR.		MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
ADDRESS			CITY	STATE	ZIP CODE		PHONE		
STARTING SALARY \$		FINAL SALARY \$		SUPERVISOR'S NAME REASON FOR LEAVING					
LIST POSITION TITLE AND DESCRIBE WORK AND RESPONSIBILITIES:									

HAVE YOU EVER BEEN DISCHARGED OR ASKED TO RESIGN YOUR EMPLOYMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE IDENTIFY THE EMPLOYER AND EXPLAIN WHY.									
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**AUTHORIZATION FOR
RELEASE OF INFORMATION**

I hereby authorize Serenity Recovery Centers, Inc., ("the Center") to investigate the information contained on my employment application and/or resume and to do all that is necessary to verify the information that I have submitted in connection with my application for employment. I further authorize all past or present employers, educational institutions, law enforcement and governmental agencies, military services, and personal references to give the Center information concerning me, whether or not such information is contained on a written record, and consent to the release of personal information to the Center, including, but not limited to, information regarding my work record, police and court record, school record, character and general reputation.

I hereby agree to release and hold harmless all past and present employers, law enforcement and governmental agencies, schools, military services, and personal references from any and all claims that I have, or which might arise, against any and/or all of them, including all officers, agents and employees of the Center, as a result of furnishing information to the Center.

Signature of Applicant

Date

S.S. No.

Address

Witness

NOTICE TO APPLICANTS

PLEASE READ BEFORE SIGNING. CHECK YOUR APPLICATION TO ENSURE THAT YOU HAVE ANSWERED EVERY QUESTION ACCURATELY.

I understand that the Center will rely upon the information provided on this application and any accompanying resume, if supplied, in making its employment decision, and I represent that the information I have given on this application and accompanying resume is complete, true and accurate. I understand that falsification, misrepresentation or omission on this application, my resume, or any other personnel record or company document will be grounds for rejection of my application or immediate termination of my employment, if I am employed, regardless of when the falsification, misrepresentation or omission is discovered.

I understand that nothing contained in this application or other written material furnished by the Center shall constitute an implied or expressed contract of employment. I further understand that all such material is for informational purposes only.

If I am offered employment by the Center and if I accept, my employment will be at-will for no specific duration, and can be terminated by me or the Center at any time, without notice, for any reason, without payment of further compensation or benefits.

Background investigations and references have been authorized by my signature on the accompanying Authorization for Release of Information and Authorization attached to the Fair Credit Reporting Act Disclosure Statement.

I have read and understand this Notice to Applicants before signing.

Signature of Applicant

Date

SERENITY RECOVERY CENTERS, INC.

FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT

As an employer doing business in a highly regulated industry, Serenity Recovery Centers, Inc., ("the Center") occasionally may conduct security and background checks on its employees and potential employees for security, regulatory, or insurance reasons. The Center, when considering your application for employment, when making a decision whether to offer you employment, when deciding whether to continue your employment (if you are hired), and when making other employment related decisions directly affecting you, may wish to obtain and use a "consumer report" from a "consumer reporting agency." These terms are defined in the Fair Credit Reporting Act ("FCRA"), which applies to you. As an applicant for employment or employee of the Center, you are a "consumer" with rights under the FCRA.

A "consumer reporting agency" is a person or business that, for monetary fees, dues, or on a cooperative non-profit basis, regularly assembles or evaluates consumer credit information or other information on consumers for the purpose of furnishing "consumer reports" to others, such as the Center.

A "consumer report" is any written, oral or other communication of any information by a "consumer reporting agency" bearing on a consumer's credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics or mode of living which is used or collected for the purpose of serving as a factor in establishing the consumer's eligibility for employment purposes.

An "investigative consumer report" is a "consumer report" or portion of a "consumer report" in which information on your character, general reputation, personal characteristics, or mode of living is obtained through personal interviews. If the Company obtains an "investigative consumer report" about you, you will receive a written disclosure that such report has been requested within 3 days after the request. You may request from the Company within a reasonable time a complete and accurate disclosure of the nature and scope of the investigation. You are also entitled to a written summary of your rights under the Fair Credit Reporting Act as prepared by the Federal Trade Commission.

If the Company obtains a "consumer report" or "investigative consumer report" about you, and if the Company considers any information in the "consumer report" or "investigative consumer report" when making an employment-related decision that directly and adversely affects you, you will be provided with a copy of the "consumer report" before the decision is finalized. You also may contact the Federal Trade Commission about your rights under the FCRA as a "consumer" with regard to "consumer reports" and "consumer reporting agencies."

The Company will not use any information contained in a "consumer report" or an "investigative consumer report" in violation of any state or federal equal employment opportunity law.

AUTHORIZATION

I, _____, hereby acknowledge that I received a copy of Serenity Recovery Centers, Inc.'s Fair Credit Reporting Act Disclosure Statement and that it describes my rights under the Fair Credit Reporting Act.

By signing below, I voluntarily authorize Serenity Recovery Centers, Inc., to obtain "consumer reports" or "investigative consumer reports" about me from a "consumer reporting agency" and to consider these reports when making decisions regarding my employment or prospective employment at Serenity Recovery Centers, Inc. I understand that I have rights under the FCRA, including the rights discussed in the Fair Credit Reporting Act Disclosure Statement provided to me.

Name: _____

Date: _____