**SYNERGY RECOVERY APPLICATION FOR EMPLOYEMNT**

**Pre-Employment Questionnaire-Equal Opportunity Employer**

**Personal Information**

|  |  |
| --- | --- |
| **Name (Last name First)** | **Social Security Number** |
| **Present Address** | **City** | **State** | **Zip Code** |
| **Permanent Address** | **City** | **State** | **Zip Code** |
| **Phone Number** | **Referred By** |

**Employment Desired**

|  |  |  |
| --- | --- | --- |
| **Position** | **Date You Can Start** | **Salary Desired** |
| **Are you Currently Employed YES NO** | **If yes, may we contact your present employer?** |
| **Have you ever applied to Synergy Recovery before?** | **If yes, When?** |

**Educational History**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name and Location of School** | **Years Attended** | **Did you Graduate?** | **Subjects Studied** |
| **Grammar School** |  |  |  |
| **High School** |  |  |  |
| **College** |  |  |  |
| **Trade, Business or Correspondence School** |  |  |  |

**General Information**

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| --- |
| **Subject or Special Study/Research Work or Special Training/Skills** |
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|  |
| **U.S. Military or Naval Service** | **Rank** |
| **Have you ever been arrested or convicted of a crime? YES NO Misdemeanors YES NO****Felonies YES NO**  **If you circled yes to any of the above, describe the charges and whi it occurred. ALSO PLEASE LIST ANY/ALL DRUG CHARGES AND OR ALCOHOL RELATED CHARGES, ARRESTS AND CONVICTIONS. LIST ANY/ALL OUTCOMES FROM THE CHARGES, ARRESTS AND CONVICTIONS. BE SURE TO INCLUDE ANY PENDING CHARGES, AND LIST SCHEDULED COURT DATES FOR ANY OF THE ABOVE.****Do you have any relatives currently employed with Synergy Recovery? YES NO If yes, please list their name and relationship to you.** |

**Former Employers (List last four employers beginning with the most current)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date, Month/Year** | **Name & Address of Employer** | **Salary** | **Position** | **Reason For Leaving** |
| **From:****To:** |  |  |  |  |
| **From:** **To:** |  |  |  |  |
| **From:****To:** |  |  |  |  |
| **From:** **To:** |  |  |  |  |

**References**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name & Phone Number** | **Address** | **Business** | **Years Known** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Authorization**

**I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed; falsified statements on this application shall be grounds for dismissal.**

 **I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.**

 **I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.**

 **This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans Disabilities Act (ADA) and other relevant federal and state laws.**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Interviewed By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**