



Comprehensive Recovery Services, Inc.

Phone: 616.522.0687
Fax: 616.522.0725

Counseling Office
213 W. Main Street
P.O. Box 75
Ionia, MI 48846

Testing Office
215 W. Main Street
P.O. Box 75
Ionia, MI 48846

APPLICATION FOR EMPLOYMENT

It is the policy of Comprehensive Recovery Services Inc. to provide equal employment opportunities to all qualified persons without regard to race, creed, religious belief, sex, age, national origin, ancestry, physical or mental disability, or veteran status.

PERSONAL INFORMATION

First Name: _____ Last Name: _____ Middle: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Email Address: _____ Social Security #: _____

Position applied for: _____

How did you hear of this opportunity? _____

When can you start? _____ Desired wage: _____

Are you a U.S. citizen or authorized to work in the U.S. on an unrestricted basis? Yes No
(You may be required to provide documentation)

Are you looking for full-time employment? Yes No

If no, what hours are you available to work? _____

Are you willing to work swing shift? Yes No

Are you willing to work grave yard shift? Yes No

Have you ever been convicted of a felony? Yes No
(This will not necessarily affect your application)

If yes, please describe the conditions: _____

Do you have any physical limitations or concerns that would affect your work? Yes No

If yes, please describe: _____

EDUCATION & TRAINING

Education	Name of School / Location	Year	Major	Degree
High School				
College				
College				
Post College				
Other Training				

Are there any skills, qualifications, experiences, or training (in addition to your education and work history) that you would like us to consider in evaluating you for this position?

Have you received any awards or special achievements? _____

EMPLOYMENT HISTORY (Start with most recent employer)

Company Name: _____

Address: _____ Phone: _____

Date Started: _____ Starting Wage: _____ Starting Position: _____

Date Ended: _____ Ending Wage: _____ Ending Position: _____

Name of Supervisor: _____ May we contact? Yes No

Responsibilities / Duties: _____

Reason for leaving? _____

Company Name: _____

Address: _____ Phone: _____

Date Started: _____ Starting Wage: _____ Starting Position: _____

Date Ended: _____ Ending Wage: _____ Ending Position: _____

Name of Supervisor: _____ May we contact? Yes No

Responsibilities / Duties: _____

Reason for leaving? _____

Company Name: _____

Address: _____ Phone: _____

Date Started: _____ Starting Wage: _____ Starting Position: _____

Date Ended: _____ Ending Wage: _____ Ending Position: _____

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Date Started: _____ Starting Wage: _____ Starting Position: _____

Date Ended: _____ Ending Wage: _____ Ending Position: _____

Name of Supervisor: _____ May we contact? Yes No

Responsibilities / Duties: _____

Reason for leaving? _____

PERSONAL REFERENCES

Name: _____ Relationship: _____ Phone: _____

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I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements on this application shall be considered sufficient cause for dismissal. This company is hereby authorized to make any investigations of my prior educational and employment history.

I understand that employment at this company is "at will", which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I understand that no supervisor, manager, or executive of this company (other than the president) has any authority to alter the foregoing.

Signature of Applicant

Date