

REACT RECOVERY, LLC

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EMPLOYMENT APPLICATION

It is our policy to comply with all applicable state and federal laws prohibiting discrimination based on race, age, color, sex, religion, national origin, disability or other protected classifications. Please carefully read and answer all questions. You will not be considered for a position if you fail to completely answer all the questions on this application. You may attach a resume, but all questions must be answered. We do participate in the TN Drug Free Workforce Program.

If hired, you will be required to fill out a more extensive application packet, as well as complete a pre-hire drug screen & an MVR check to ensure insurance qualifications to work for our Company are met.

Position Applying For:

PERSONAL DATA

Name (Last, First Middle)				
Street Address		City	State	Zip
Cellular Telephone Number	Social Security #		E-Mail Address	
Date You Can Start Work	Salary Desired		Do You have a High School Diploma Yes <input type="checkbox"/> No <input type="checkbox"/>	

POSITION INFORMATION

Hours: Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>	Days <input type="checkbox"/> Evenings <input type="checkbox"/>	Weekdays <input type="checkbox"/> Weekends <input type="checkbox"/>	Status: Regular <input type="checkbox"/> Temporary <input type="checkbox"/>
Are you authorized to work in the U.S. on an unrestricted basis? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Have you ever been convicted of a felony? Yes <input type="checkbox"/> No <input type="checkbox"/> Explain if Yes:			

<p>Have you been told the essential job functions of the job or have you viewed a copy of the job description listing the essential functions of the job? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Are you able to perform the essential functions of the job with or without reasonable accommodations? Yes <input type="checkbox"/> No <input type="checkbox"/></p>
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QUALIFICATIONS

Please list any education or training you feel relates to the position applied for that would help you perform the work, such as schools, colleges, degrees, vocation or technical programs, and military training.

	School Name/Address City/State	From Mo - Year	From Mo - Year	Degree Receiv e d	Area of Specialization
College					
Vocational/Technic al					
Other					

SPECIAL SKILLS

Please list any special skills or experience that you feel would help you in the position that you are applying for.

REFERENCES

Please list three professional references not related to you, with full name, address, phone number, and relationship. If you don't have three professional references, please list personal, unrelated references.

Name	Address/City/State	Phone	Relationship

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WORK HISTORY

Start with your present or most recent employer and work back.

Job Title #1	Start Date (mo/day/yr)	End Date (mo/day/yr)
Company Name	Supervisor's Name	Phone Number
City	State	Zip
Duties:		
Reason for Leaving	Starting Salary	Ending Salary

May we contact your present employer? Yes No N/A

Job Title #2	Start Date (mo/day/yr)	End Date (mo/day/yr)
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Company Name	Supervisor's Name	Phone Number
City	State	Zip
Duties:		
Reason for Leaving	Starting Salary	Ending Salary

Job Title #3	Start Date (mo/day/yr)	End Date (mo/day/yr)
Company Name	Supervisor's Name	Phone Number
City	State	Zip
Duties:		
Reason for Leaving	Starting Salary	Ending Salary

Job Title #4	Start Date (mo/day/yr)	End Date (mo/day/yr)
Company Name	Supervisor's Name	Phone Number

City	State	Zip
Duties:		
Reason for Leaving	Starting Salary	Ending Salary

I certify that the facts set forth in this Application for an employment position are true and complete to the best of my knowledge. I understand that if I am contracted, false statements, omissions or misrepresentations may result in a termination of my contract. I authorize REACT Recovery, LLC to make an investigation of any of the facts set forth in this application and release REACT Recovery, LLC from any liability. REACT Recovery, LLC may contact any listed references on this application.

Applicant Signature: _____

Date: _____

MVR Request Form

- New Employee
 Returning Employee: Year last employed _____

**Federal Drivers Privacy Protection Act
Authorization to Obtain Motor Vehicle Report**

For the sole purpose of the determination and evaluation of my motor vehicle operating record and pursuant to the State and Federal regulations of compliance, I (Name of Employee) _____ authorize **Harding Brooks Associates LLC** to obtain my Motor Vehicle Record for insurance underwriting/eligibility purposes . I understand that this record may contain personal information* in addition to any/all driver violations and/or accidents, which may be on record through the Department(s) of Motor Vehicles.

I also authorize release of this insurance underwriting/eligibility information to my employer. (or proposed employer.)

Signature of Employee (or potential employee)

Name (Printed) _____

Drivers License Number State Date of Birth

Street Address & Mailing Address

City _____ State _____ Zip _____

Date Signed: _____

*Personal information means information that identifies an individual including an individual's photograph, driver identification number, name, address and telephone number.