



Recovery Specialist Job Application

Personal Information			
Name (First, Middle, Last):		Phone Number:	Date: ____/____/____
Street Address:		City:	State: Zip Code:
Email:	Birthday: ____/____/____	How did you hear about us? <input type="checkbox"/> Job Board <input type="checkbox"/> Google/YouTube <input type="checkbox"/> Social Media <input type="checkbox"/> Word of Mouth	

Background	
Are you authorized to work in the U.S.?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently employed? If so, buy who? {Answer} _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you worked here before? If so, when? {Answer} _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Were you once or currently employed by an asset recovery company? If so, buy who/when? {Answer} _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of fraud?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of money laundering?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a high school diploma or GED?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you familiar with the job description and requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No



Please fill out the availability you are able to dedicate as a recovery specialist. For example, if you are able to work from 10:00am to 2:00pm (4 hours), please state that below and calculate the total amount of hours per day.

Availability								
	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Total
From:								
To:								
Hours:								

Education			
	School Name	City/State	Degree/Major
High School			
High School (cont.)			
College			
College (cont.)			

Please list any licenses and certifications that you believe are relevant for this role. If you are not sure what is relevant, then put all licenses and certifications you have.

Licenses & Certifications			
Type	Year Obtained	Expiration Date	CE Required? (Y/N)



Please list relevant work experience you have acquired. Feel free to leave the Duties section blank if you plan to upload a resume.

Work Experience #1			
Job Title:		Start Date:	End Date:
Company Name:		City/State:	Zip:
Phone Number:	Salary:	Did you enjoy it? (Y/N):	
Duties:			

Work Experience #2			
Job Title:		Start Date:	End Date:
Company Name:		City/State:	Zip:
Phone Number:	Salary:	Did you enjoy it? (Y/N):	
Duties:			

Work Experience #3			
Job Title:		Start Date:	End Date:
Company Name:		City/State:	Zip:
Phone Number:	Salary:	Did you enjoy it? (Y/N):	
Duties:			

It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, disability, or other protected classifications.