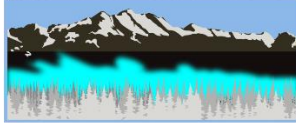


RECOVERY CENTERS OF



M O N T A N A

390 HODGSON ROAD
COLUMBIA FALLS, MT 59912
PHONE: 406.897.2788

Employment Application

It is the policy of Recovery Centers of Montana LLC. To provide equal employment opportunities to all applicants and employees without regard to any legal protected status such as race, religion, color, religion, gender, national origin, age, disability, or Veteran status

Name: _____

Date: _____

Home Address: _____

Number of years at this address: _____

Cell Phone: _____

Home Phone: _____

Social Security Number: ____ - ____ - ____

Driver's License Number: _____ State: _____

Emergency Contact:

Contact Name: _____

Relationship to You: _____

Address: _____

Daytime Phone: _____

Job Position Applying For: _____

Full Time: _____ Part Time: _____ Preferred Hours: _____

Salaried Desired: \$_____ per _____

Who if anyone referred you to Recovery Centers of Montana? _____

Do you have family or friends that work for Recovery Centers of Montana? ____ yes ____ no

If yes who: _____

Are you at least 18 years of age: ____ yes ____ no?

How will you get to work? _____

Are you willing to work any shift: ____ yes ____ no?

(if no please state limitations)

If offered employment, when are you available to start? _____

Have you ever been convicted of a felony or misdemeanor? ____ yes ____ no If yes please explain:

THE EXISTANCE OF A CRIMINAL RECORD DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT UNLESS RELEVANT TO THE TYPE OF EMPLOYMENT.

Applicant's Employment History:

Please list your current or most recent employment first. Please list all jobs (including self-employment and military service) which you have held, beginning with the most recent and list and explain any gaps in employment. If additional space is needed, continue on the back of this application.

Employer's Name: _____

Supervisor Name: _____

Job Duties: _____

Reason For leaving: _____

Dates of Employment: _____

Contact Information: _____

Employer's Name: _____

Supervisor Name: _____

Job Duties: _____

Reason For leaving: _____

Dates of Employment: _____

Contact Information: _____

Employer's Name: _____

Supervisor Name: _____

Job Duties: _____

Reason For leaving: _____

Dates of Employment: _____

Contact Information: _____

Employer's Name: _____

Supervisor Name: _____

Job Duties: _____

Reason For leaving: _____

Dates of Employment: _____

Contact Information: _____

Employer's Name: _____

Supervisor Name: _____

Job Duties: _____

Reason For leaving: _____

Dates of Employment: _____

Contact Information: _____

Applicant's Education and Training:

College/University Name and Address:

Did you receive a degree? ____ yes ____ no If yes what degree?

High School/GED Name and Address:

Did you graduate? ___yes ___no If not, why not?

Please indicate any current professional license you hold:

1. _____

2. _____

3. _____

Military Service: _____yes _____ No

References:

Name: _____

Telephone: _____

Relationship: _____

Name: _____

Telephone: _____

Relationship: _____

Name: _____

Telephone: _____

Relationship: _____

Please provide any other information that you believe should be considered, included whether you are bound by agreement with any current employer:

Certification

I certify that the information provided on this application is truthful and accurate. I understand providing false or misleading information will be basis for rejection of my application, or if employment commences immediate termination.

I authorize Recovery Centers of Montana, LLC. Representative to contact my former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to communicate information fully and freely regarding my previous employment, attendance, and grades. I authorize those persons to designated as references to communicate information regarding my pervious employment and education fully and freely.

In an employment relationship is created, I understand that unless I am offered a specific written contract of employment signed on behalf of the organization by its Director, the employment relationship will be "at will". In other words, the relationship will be entirely voluntary in nature, and either I or my employer will be able to terminate employment relationship at any time and without cause. With appropriate notice, I will have the full and complete discretion to end the employment relationship when I choose and for the reasons of my choice. Similarly, my employer will have the right. Moreover, no agent, representative, or employee of Recovery Centers on Montana, LLC. except in a specific written contract of employment signed on behalf of the organization by its Director, has the power to alter or vary the voluntary nature of the employment relationship.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS.

Applicants Signature

Date

