



American
Addiction Centers

Application For Employment

PERSONAL INFORMATION

AAC is an equal opportunity employer and does not discriminate against any applicant or employee because of race, color, religion, sex, national origin, disability, age, or military or veteran status in accordance with federal law. In addition, AAC complies with applicable state and local laws governing non discrimination in employment in every jurisdiction in which it maintains facilities. AAC also provides reasonable accommodation to qualified individuals with disabilities in accordance with applicable laws.

Last Name		First	Middle	Date
Street Address				Home Phone ()
City		State	Zip	Business/Cell Phone ()
Have you ever been involuntarily terminated or requested to resign? <input type="checkbox"/> Yes <input type="checkbox"/> No		If hired, can you provide verification of your legal right to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		Email Address
If you are under age 18, do you have a work permit? <input type="checkbox"/> Yes <input type="checkbox"/> No		If required for the position, do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No		If hired, would you have reliable transportation to and from work? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever worked under a different name? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", Name: _____		Do you have friends or relatives working for our company? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", Name and relationship: _____		
Have you ever worked for this company? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", When? Position? _____			Are you able to perform the essential functions of the job? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No", Why Not? _____	
In the last 7 years, have you been convicted of or have you pleaded guilty to any felony or misdemeanor? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", Please Explain: _____				
For applicants seeking employment in states <u>other than</u> California, Michigan, and Pennsylvania: Have you ever been convicted of, pled nolo contendere (no contest) to, or been fined in connection with any felony, misdemeanor or municipal ordinance violation (other than a parking or minor traffic ticket), or are you currently subject to any pending charge for such an offense? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", Please provide details: _____				
For applicants seeking employment <u>in</u> the states of California and Michigan: Have you ever been convicted of, pled nolo contendere (no contest) to, or been fined in connection with any felony, misdemeanor or municipal ordinance violation (other than a parking or minor traffic ticket), or are you currently subject to any pending felony charge? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", Please provide details: _____				
No applicant will be denied a position because of a past conviction, offense, violation or fine, or a pending charge, which the Company determines is not substantially related to the circumstances of the employment sought.				

EMPLOYMENT INTERESTS

Position Desired		Date Available		Salary Desired		Type of Employment Desired <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary <input type="checkbox"/> PRN			
Total Hours Available to Work: _____	From	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	
	To								
How were you referred to our company? <input type="checkbox"/> Internet Ad (which) _____ <input type="checkbox"/> Newspaper Ad (which) _____ _____									
<input type="checkbox"/> Employee Referral (Name) _____ <input type="checkbox"/> Agency (Name) _____ <input type="checkbox"/> Other _____									

EDUCATION INFORMATION

School Level	Name and Location of School	Course of Study	Full Years Attended	Did you Graduate?	Degree/Diploma
HIGH SCHOOL			1 2 3 4 5+	<input type="checkbox"/> Y <input type="checkbox"/> N	
COLLEGE/UNIVERSITY			1 2 3 4 5+	<input type="checkbox"/> Y <input type="checkbox"/> N	
POST GRADUATE			1 2 3 4 5+	<input type="checkbox"/> Y <input type="checkbox"/> N	

PROFESSIONAL DESIGNATIONS/LICENSES

Designation/License	Organization/State Granting Designation/License	Date Completed/License #
Designation/License	Organization/State Granting Designation/License	Date Completed/License #

EMPLOYMENT HISTORY (Past 10 years)

Please give complete employment history starting with your present or most recent employer. For any unemployed periods show activities, dates and location. Include U.S. Military Service. Please indicate any employers we should not contact and why.

Employer: _____	Position Held: _____
Address: _____	Telephone No. _____
Immediate Supervisor and Title: _____ May we contact this employer? _____	
Dates Employed: From: _____ To: _____ Starting Pay: \$ _____ Ending Pay: \$ _____	
Job Responsibilities: _____	
Reason for Leaving: _____	

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Dates Employed: From: _____ To: _____ Starting Pay: \$ _____ Ending Pay: \$ _____	
Job Responsibilities: _____	
Reason for Leaving: _____	

REFERENCES (Please list 3 professional references.)

Name of Reference & Relationship	Employer	Address and Telephone Number

CERTIFICATION


Please initial all paragraphs before signing

_____ I hereby certify that the information provided on this application (or any resume I have submitted) is true and complete. I understand that if I am hired, American Addiction Centers ("the Company") may terminate my employment upon discovering that any of the information I provided in connection with my hiring was incomplete, misleading, or untrue.

_____ I authorize the Company or its agents to investigate any and all statements that I have made in connection with my application for employment. I authorize all persons and institutions, including my previous employers and the schools I attended, to provide the Company with any information that it requests in connection with this investigation. I hereby release all of those persons and institutions and the Company from any and all liability for any damages arising from the investigation. If employed, I agree to abide by all Company policies and procedures, and that failure to do so may result in termination of my employment.

_____ I understand that as a condition of employment I will be required to take a post-offer/pre-employment Background check, Drug screen, and depending on position a physical examination. I further understand that at any time during my employment I may be required to take an alcohol and/or drug test in accordance with the Company's Substance Abuse Policy.

_____ I understand and agree that if I am hired by the Company, my employment will be "at-will." This means that I will be free to resign at any time, with or without reason. The Company will be free to terminate my employment at any time, without cause, and without notice. I further agree that any statements or promises that are inconsistent with "at-will" employment, that may have been made to me by any Company representative(s), are hereby cancelled and of no effect. I also agree that if I am hired, the "at-will" nature of my employment relationship with the Company cannot be changed except by a written agreement, signed by the CEO and Human Resources, that is specific to my employment and expressly changes the "at-will" policy with respect to my employment.

 I understand that Federal law requires all employers to verify the identity and employment eligibility of all persons hired to work in the United States. This employer will provide the Social Security Administration (SSA) and, if necessary, the Department of Homeland Security (DHS), with information from each new employee's Form I-9 to confirm work authorization. In order to determine whether Form I-9 documentation is valid, this employer uses E-Verify's photo screening tool to match the photograph appearing on some permanent resident and employment authorization cards with the official U.S. Citizenship and Immigration Services' (USCIS) photograph. If you believe that your employer has violated its responsibilities under this program or has discriminated against you during the verification process based upon your national origin or citizenship status, please call the Office of Special Counsel at 1-800-255-7688 (TDD: 1-800-237-2515).

If the Government cannot confirm that you are authorized to work, this employer is required to provide you written instructions and opportunity to contact SSA and/or DHS before taking adverse action against you, including terminating your employment. Employers may not use E-Verify to pre-screen job applicants or to re-verify current employees and may not limit or influence the choice of documents presented for use on the Form I-9.

Signature: _____	Date: _____
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SUPPLEMENT TO EMPLOYMENT APPLICATION

EQUAL EMPLOYMENT OPPORTUNITY (EEO) VOLUNTARY SELF-IDENTIFICATION FORM

Qualified applicants are considered for employment without regard to race, religion, sex, national origin, age, marital status, sexual orientation, veteran status, disability, or other protected characteristic.

The employer is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the employer invites employees to voluntarily self-identify their race or ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

This detachable form will be kept in a confidential file separate from your application for employment.

Name (Last, First, MI): _____

Street Address: _____

City, State, Zip Code: _____

Position Applied For: _____ Date Applied: _____

Gender Identification (check one)

_____ Female _____ Male

Race/Ethnic Identification (check one):

_____ **Hispanic or Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

_____ **White (Not Hispanic or Latino)** - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

_____ **Black or African American (Not Hispanic or Latino)** - A person having origins in any of the black racial groups of Africa.

_____ **Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

_____ **Asian (Not Hispanic or Latino)** - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

_____ **American Indian or Alaska Native (Not Hispanic or Latino)** - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

_____ **Two or More Races (Not Hispanic or Latino)** - All persons who identify with more than one of the above five races.

_____ Decline self-identification

Applicant's Signature

Date