



Fairview Recovery Services, Inc.

Application for Employment

Equal Opportunity/Culturally Competent/Affirmative Action Employer
Fairview Recovery Services, Inc. strongly encourages women and minorities to apply
Business Office: 5 Merrick Street
Binghamton, New York 13904
Telephone: 607-722-8987
Fax #: 607-722-6767



The Federal law prohibits discrimination in employment because of race, color, religion, sex, handicap, national origin, marital status. Public Law 90-202 prohibits discrimination because of age. The laws of some states prohibit some or all of the above-mentioned types of discrimination.

Personal

Name: _____ Date: _____
Last First Middle

Name(s) used in previous employment and/or education: _____

Is additional information relative to change of name (use of an assumed name or nickname) necessary to enable a check of your work record? Yes No If yes, explain: _____

Present Address: _____
No. Street City State Zip

Telephone #: _____ Soc. Sec. #: _____

How long have you been a resident of present city or state address? _____

Previous Address: _____
No. Street City State Zip

How long did you live there? _____ Are you legally eligible to work in the United States? Yes No

If no, type of visa: _____

Are you at least 18 years old? Yes No

What/who interested you in Fairview Recovery Services, Inc.?

N.Y.S. Employment Advertisement Employment Agency Other: _____

Job position applied for: _____ Rate of pay expected: _____ \$ per: _____

Classification: full time part time (FRS, Inc. is a 24 hour/7 day/365 days a year Continuum of Care.) Shift Preference: 1st 2nd 3rd

Are you available to work weekends? Yes No

Have you ever applied or worked for Fairview Recovery Services, Inc. before? Yes No

If yes, details: _____

Are you related to a Fairview Recovery Services, Inc. Board of Directors member or agency staff member? Yes No

If yes, give name: _____

If hired, on what date will you be available to start work? _____

Do you feel you have any special experiences, skills, or qualifications? _____

Have you ever been denied bond or coverage under bond? Yes No

If yes, give details: _____

Have you ever been sanctioned, or had a professional license temporarily or permanently revoked? Yes No

If yes, explain: _____

Have you ever been convicted of a crime other than a minor traffic infraction? Yes No

If yes, explain: _____

Record of Education

School	Name and Address of School	Course of Study	List Diploma or Degree
High			
College			
Other (Specify)			

Physical

Is there any reason why you would be unable to perform the duties as outlined in the position's job description that you are applying for? Yes No

Military Service Record

Were you in the U.S. Armed Forces? Yes No If yes, what branch? _____ Describe education and experience obtained during service: _____

Did you receive an honorable discharge? Yes No

Employment at Fairview Recovery Services, Inc. requires interaction with people who are of diverse cultural backgrounds. Please detail any relevant experience: _____

Employment History **(Telephone numbers are required to verify employment record.)**

List all present and past employment beginning with your most recent. Include information related to previous employment with Fairview Recovery Services, too.

Name and Address of Company	From	To	Describe the work you did:	Salary	Reason for Leaving
	MO/YR	MO/YR			
Telephone:			Supervisor's Name:		

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	MO/YR	MO/YR			
Telephone:			Supervisor's Name:		

Applicant's Certification and Agreement

(Please read carefully)

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge. I understand that if employed, falsified statements on this application shall be considered sufficient cause for dismissal. Fairview Recovery Services, Inc. is hereby authorized to make any investigation of my personal history and financial and credit record through any investigation or credit agencies or bureaus chosen. I also acknowledge that this application includes releases signed by me for a Motor Vehicle and Criminal Conviction Background check.

SIGNATURE OF APPLICANT: _____ DATE: _____

Personal References

Please list three (3) references not related to your employment history:

Name and Address	Phone Number	Occupation
1.		
2.		
3.		

Mission Statement

Fairview Recovery Services, Inc. is committed to delivering a continuum of services to individuals with the disease of alcoholism, chemical dependency and co-occurring conditions. These services are designed to provide individuals the opportunity to develop the skills and knowledge to live independent, healthy and productive lives. We strive to deliver high quality care that is respectful of individual differences and needs.



Cultural Competence Mission Statement

Fairview Recovery Services, Inc. is committed to the achievement of racial, ethnic and cultural diversity within its workforce which will provide a critical component toward delivering culturally and linguistically competent care to the community it serves.



Fairview Recovery Services, Inc.
Release and Authorization to Conduct
Criminal Conviction Background Check

In consideration of Fairview Recovery's evaluation of my suitability for employment, I, _____, do hereby authorize and agree that Fairview Recovery Services, Inc. may
Applicant's Name

perform a full criminal conviction background check in order to verify the information I have provided in this regard on Fairview's employment application. I understand and agree that Fairview may obtain any criminal court documents and/or police records that may be relevant to any and all of my criminal convictions, whether or not I have listed such criminal convictions in answer to Fairview's employment application. I further understand that my failure to make a full disclosure of any criminal convictions in answer to Fairview's employment application or my making false statement(s) regarding any criminal conviction(s) may subject me to immediate dismissal at any time in the future.

I agree not to assert any claims or causes of action of any kind against Fairview Recovery Services, Inc., its officials, its agents, and/or its employees as a result of this criminal conviction background check. I further release and forever discharge Fairview Recovery Services, Inc., its officials, its agents, and its employees from any and all claims, demands, damages, actions, causes of action or suits or any kind arising from Fairview Recovery Services, Inc.'s investigation of my criminal conviction background. I acknowledge that Fairview Recovery Services, Inc. has made no representations of any kind as to whether employment will be offered at the conclusion of this criminal conviction background check.

_____ Signature of Applicant	_____ Date
_____ Human Resource Verification	_____ Date

**FAILURE TO COMPLETE AND SIGN THIS FORM WILL DISQUALIFY
YOU FROM ANY CONSIDERATION FOR EMPLOYMENT WITH
FAIRVIEW RECOVERY SERVICES, INC.**

Fairview Recovery Services, Inc.

Release and Authorization to Conduct Motor Vehicle Background Check

In consideration of Fairview Recovery's evaluation of my suitability for employment, I, _____, Applicant's Name

do hereby authorize and agree that Fairview Recovery Services, Inc. may perform a full motor vehicle background check in order to verify the information I have provided in this regard on Fairview's employment application. I understand and agree that Fairview may obtain any Department of Motor Vehicle and/or police records that may be relevant to any and all of my motor vehicle convictions, whether or not I have listed such motor vehicle convictions in answer to Fairview's employment application. I further understand that my failure to make a full disclosure of any motor vehicle convictions in answer to Fairview's employment application or my making false statement(s) regarding any motor vehicle conviction(s) may subject me to immediate dismissal at any time in the future.

I agree not to assert any claims or causes of action of any kind against Fairview Recovery Services, Inc., its officials, its agents, and/or its employees as a result of this motor vehicle conviction background check. I further release and forever discharge Fairview Recovery Services, Inc., its officials, its agents, and its employees from any and all claims, demands, damages, actions, causes of action or suits or any kind arising from Fairview Recovery Services, Inc.'s investigation of my motor vehicle conviction background. I acknowledge that Fairview Recovery Services, Inc. has made no representations of any kind as to whether employment will be offered at the conclusion of this motor vehicle conviction background check.

Signature of Applicant

Soc. Sec. #

Driver's License # / State

Date

Human Resource Verification

Date

FAILURE TO COMPLETE AND SIGN THIS FORM WILL DISQUALIFY
YOU FROM ANY CONSIDERATION FOR EMPLOYMENT WITH
FAIRVIEW RECOVERY SERVICES, INC.

MOTOR VEHICLE INFORMATION

(please answer all questions)

Have you ever been convicted of DWI, DWAI or related offense? YES / NO

If YES, give date of conviction and description: _____

Have you been convicted of any moving traffic violations in the last 5 years? YES / NO

If YES, give details for all convictions (i.e. speeding tickets, running red light, no seat belt, other traffic infractions...):

DATE OF CONVICTION	TYPE OF VIOLATION	WAS PERSONAL INJURY INVOLVED?

Has your auto insurance been canceled in the last 5 years? YES / NO

If YES, please explain: _____

Have your driving privileges been revoked or suspended in the last 5 years? YES / NO

If YES, please explain: _____

Job positions involving driving require a "clean", valid, driver's license with two (2) or fewer "points".

Applicant/Volunteer Signature

Human Resource Verification

Date

Date



FAIRVIEW RECOVERY SERVICE'S, INC.

5 Merrick Street
Binghamton, New York 13904

BACKGROUND INVESTIGATION AGREEMENT

I, the undersigned Applicant, in exchange for consideration of my possible employment by **FAIRVIEW RECOVERY SERVICES, INC.**, (hereafter "Company"), which I understand may frequently require me to handle sensitive or confidential information in a highly-responsible fashion, hereby agree as follows:

- 1. Report Authorization.** I authorize the Company to conduct or hire a Consumer Reporting Agency to conduct an investigation into my educational record, employment history, credit history, criminal and driving record, and personal background for the purpose of preparing an investigative report that may assist the Company in determining my suitability for employment.
- 2. Report Confidentiality.** The Company agrees to treat any investigative report it receives about me in a strictly confidential manner. It will not disclose the contents of such a report to any person other than to me or to its senior employees who will make the decision whether to hire me.
- 3. Report Disclosure.** The Company agrees that I am entitled upon written request to receive a copy on any investigative report filed with the Company.
- 4. Adverse Decision.** The Company agrees that, if such an investigative report is prepared by a Consumer Reporting Agency rather than by employees of the Company and then any information in the report is likely to influence an adverse employment decision, it will provide me with an appropriate "pre-adverse action disclosure" under the Federal Fair Credit Reporting Act. They further agree that, if such an adverse employment decision is thereafter made, they will provide me with an appropriate "adverse action notice" under the Act.
- 5. Reference Authorization.** I authorize my current and former employers and their employees, or any personal references I have listed on my resume, to release any information to the Company and its employees or contractors which the Company may reasonably deem relevant to my consideration for employment. I also authorize any current and former educational institutions I've attended and their employees to verify my attendance or graduation to the Company and its employees or contractors.
- 6. Limited Release.** I agree to release and hold harmless the Company and its employees, my current and former employers, my personal resume references, and my current and former educational institutions, from any liability (other than for grossly negligent behavior), which they may incur in connection with their activities arising under the preceding terms of this Agreement.

IN WITNESS WHEREOF, I agree to this release and I have set my hand on this _____ day of the month of _____ in the year of _____.

SECTION 1

Applicant: Please fill out Section 1

Applicant's Name: _____
Please Print

Applicant's Signature: _____

Social Security Number: _____

Driver's License Number: _____ State: _____

Mailing Address: _____

SECTION 2

EMPLOYMENT INFORMATION

Previous Employer: Please fill out Section 2

Job Title / Position Held: _____

Employment Dates: _____ TO: _____

Reason for Leaving: _____

Did the applicant meet your organization's attendance standards? Yes No

Remarks _____

Did the applicant meet your organization's performance standards? Yes No

Remarks _____

Would you rehire this applicant? Yes No

Remarks _____

Agency Name: _____ Date: _____

Name of Individual completing this form

Signature

Title

Phone Number