RECOVERY COLUMBUS, INC.

P.O. Box 4682
Columbus, GA 31914
Office: 706-689-0850
Fax: 706-689-9999

APPLICATION FOR EMPLOYMENT

Complete this application in blue or black ink only. Print legibly and sign in the designated areas. Failure to fully complete this application could result in disqualification from employment with Recovery Columbus, Inc.

EMPLOYEE INFORMATION

Full Name:_____ Date:_____

Telephone:_____ Email:_____

Current Address:_____

How long have you lived here?:_____ Social security: _____

Have you lived anywhere else in the past 5 years?:_____

Previous Address(s):_____

Previous Address(s):_____

Previous Address(s):_____

RCI is a drug free workplace

Will you be willing to submit to a drug test prior to employment?:_____

Will you be willing to undergo random drug tests throughout employment with RCI?:_____

Which position are you applying for?	**Full-time, part-time, temporary?**	**Desired pay?**

Days/hours available to work?

No pref_____ Thurs_____

Mon_____ Fri_____

Tues_____ Sat_____

Weds_____ Sun_____

How many hours can you work weekly?:_____ Can you work nights?:_____

What date can you start?:_____

EMPLOYMENT HISTORY

List current/most recent employment first. Include summer or temporary jobs. Be sure all of your experience or employers related to this job are listed here, in the summary following this section or on an extra sheet of paper if necessary. No more than 10 years history recommended.

Employer name and address: **Reason for leaving?:**	**Start date:** | **End date:** List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

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EDUCATION

	Institution name	Years Completed	Field of study	Graduate?
High School				
College/University				
Business/Technical				
Additional				

CRIMINAL HISTORY

Have you ever been convicted of a crime? Yes_____ No_____

If yes, explain number of conviction(s), nature of offenses leading to conviction(s), where/when were the offenses committed, sentence(s) imposed, and type(s) of rehabilitation.

TRANSPORTATION

Do you have a drivers license?_____

What is your means of transportation to work?_____

Drivers license number_____ State of issue_____ Class_____

DRIVER APPLICANTS ONLY

Have you had any accidents in the past three years?_____

Please list and explain accidents here:

Have you had any moving violations in the past three years?:_____

Please list and explain moving violations here:

Have you ever been denied a license, permit or privilege to operate a motor vehicle?:_____

Has any license, permit or privilege ever been suspended or revoked?:_____

Do you have any experience with the equipment below? If so, indicate the approximate number of miles driven/operated.

Straight truck:	Tractor and Semitrailer:	Tractor and two trailers:	Tractors and triple trailers:

Do you have any other additional experience operating equipment not mentioned above?

_____

_____

_____

Do you have a current DOT physical?:_____ Date of issuance:_____ Date of Expiration:_____

OFFICE APPLICANTS ONLY

Please indicate if you have experience with any of the following:

Typing:	Data entry:	Filing:	MS Office:	Phone:

MILITARY SERVICE

Did you serve in The United States Armed Forces?_:_____

Are you now a member of the National Guard?:_____

Specialty:_____ Date entered:_____ Date discharged:_____

REFERENCES

List three references other than relatives or previous employers:

Name:	Telephone:	Relationship to you:	Years known:

ADDITIONAL INFORMATION

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying or if you need any additional space answering any of the questions above.

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At this time please review all of the information above.

The information that you provide on this application is subject to verification. Falsifications or misrepresentations may disqualify you from consideration for employment or, if hired, may be grounds for termination at a later date.

With my signature below, I certify that all information on this and all attached pages is true, correct and complete to the best of my knowledge and contains no willful falsifications or misrepresentations.

I authorize all former employers to release job-related information they may have about me and I release all persons or companies from any liability or responsibility for providing such information.

Print:_____

Sign:_____

Date:_____

Georgia Bureau of Investigation
Georgia Crime Information Center

Consent Form

I hereby authorize _____
to receive any Georgia criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

_____
Full Name (print)

_____
Address

____ ____ _____ _____
Sex Race Date of Birth Social Security Number

_____
Signature

_____
Date

Special employment provisions (check if applicable):

- ☐ Employment with mentally disabled (Purpose code 'M')
- ☐ Employment with elder care (Purpose code 'N')
- ☐ Employment with children (Purpose code 'W')
- ☐ Employment with criminal justice agency – non-sworn (Purpose code 'J')
- ☐ Employment with criminal justice agency – sworn (Purpose code 'Z')

One of the following must be checked:

☐ This authorization is valid for 90/180/____ (circle one) days from date of signature.
☐ I, _____ give consent to the above named to perform periodic criminal history background checks for the duration of my employment with this company.

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.

Basic Driver Guidelines

- Must be at least 22 years of age (23 if CDL A)
- Must have (2) years experience
- Cannot have any suspensions within the past two years for any reason including child support (*exceptions to suspensions can be made if the suspension was a short period of time)
- Cannot have more than (3) violations in the past 36 months (cell phone and seat belt tickets are considered but do not always count towards the 3 – it is at the carriers discretion).
- Cannot have **any** Major violations in the past 5 Years

  Examples of major violations are:

  Careless or reckless driving
  Anything drug or alcohol related
  Driving while suspended
  Speeding in School or Work Zones
- Cannot have more than (1) at fault accident in the past 36 months (If more than one accident shows on the report, we must prove any not at fault accidents with police reports).

Note: the carriers don't pay attention to the points at all on a license, that is because each state will assign different points for different violations - so the carriers refer to the above guidelines and disregard the points.

*****THE ABOVE LIST IS A GENERAL GUIDELINE, SOME EXCEPTIONS CAN BE MADE AT THE CARRIERS DISCRETION****