



APPLICATION FOR EMPLOYMENT

ALL POTENTIAL EMPLOYEES ARE EVALUATED WITHOUT REGARD TO RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, AGE, MARITAL OR VETERAN STATUS, THE PRESENCE OF A NON-JOB RELATED HANDICAP OR ANY OTHER LEGALLY PROTECTED STATUS.

Name			D	ate
Address		City	State	Zip
Home Phone	OfficePh	ione	Other Phone	
Email Address:		City one Social Security	Number:	
Position Sought:				
Are you employed now? [] Yes [] No If so r	nay we inquire of your present	nt employer? [] Ye	s[]No
Type of employment you a	are seeking: [] Full-tim	ne [] Part-time [] Other _		
51 1 5 5	011			
Are you a US citizen, or o	therwise authorized to w	ork in the U.S. without any i	restriction? [] Yes	[] No
Have you ever been involu	intarily terminated or as	ked to resign from any positi	on of employment?	l Yes [] No
If yes, please describe circ	umstances:			
If selected for employmen	t, are you willing to sub-	mit to a pre-employment dru	g screening test?	Yes []No
	.,	in the supersymetric dru	6	
Emergency Contact: Phone Number: ()		R	elationship	
Phone Number: ()	W	ork Number: ()	Other:	()
1 137	k	EDUCATION		h.c. :
School Name	Location	Years Attended	Degree Received	Major
Other training certification	ns or licenses held.			
		1.		
List other information pert	inent to the employmen	t you are seeking:		
List other information perf	inent to the employmen	t you are seeking:		
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	HUN	MAN RESOURCES USE O		
List other information pert	HUN	MAN RESOURCES USE O		
Start Date:	HUN	MAN RESOURCES USE O		

EMPLOYMENT

1. Employer			Job Title		
Dates Employed	Prio	r Position H	Job Title eld within Company (if any): Supervisor Ending_Salary		
Address		City		State	Zip
Phone	Job Title		Supervisor		
Starting Salary			Enumg Salary		
Duties Performed					
Reason for Leaving			May we contact this employ	yer? Yes	No
2. Employer			Job Title eld within Company (if any):		
Dates Employed	Prior	r Position H	eld within Company (if any):		
Address		City		State	Zip
Phone	Job Title		Supervisor		i
Starting Salary			Ending Salary		
Duties Performed					
Reason for Leaving			May we contact this emp	loyer? Yes	No
3 Employer			Job Title		
Dates Employed	Prior	r Position H	eld within Company (if any).		
Address	1110	City	eld within Company (if any):Supervisor	State	Zip
Phone	Job Title		Supervisor		r
Starting Salary			Ending Salary		
Duties Performed			<i>c</i>		
Reason for Leaving			May we contact this emp	oloyer? Yes	No
Dates Employed	Prio	r Position H	Job Title eld within Company (if any): Supervisor		
Address	1110	City		State	Zin
Phone	Job Title		Supervisor		2.p
Starting Salary			Ending Salary		
Duties Performed					
Reason for Leaving			May we contact this empl	oyer? Yes	No
Please explain any gaps in					

REFERENCES

Give the name of three persons NOT related to you, whom you have known at least one year

Name			
Address	City	State	Zip
Home Phone	Office Phone	Other Phone	• <u>•</u>
Name			
Address	City	State	Zip
Home Phone	Office Phone	Other Phone	
Name			
Address	City	State	Zip
Home Phone	Office Phone	Other Phone	

ACKNOWLEDGMENT AND AUTHORIZATION

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize Paymasters to investigate all statements contained in this application for employment as may be necessary in arriving at an employment decision. I further agree to indemnify Paymasters against any and all liability that may result from making such investigation.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

I also acknowledge and understand that I am applying for employment with Paymasters, that if hired I will be an employee of Paymasters, and as a condition of my employment with Paymasters, Paymasters has the right to transfer my services to any available position, therefore, I agree to participate in any training that may be necessary to satisfy the position. I further agree that I will abide by all the rules, regulations, and policies of Paymasters and that failure to do so may be cause for termination. I further agree that in the event I am advanced any money by Paymasters or any of its subscribers, and fail to make payment as agreed, Paymasters, Inc. may deduct the amount unpaid from any wage I may have coming.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Applicant Signature:

Date: _____

DAYSTAR RECOVERY CENTER

Staff Qualifications

Employees at Compassion House must meet the following criteria if they have direct client contact:

AGE

I am at least 18 years of age.

BACKGROUND CHECK

I have filled out an application for a background check (NET Study).

CHEMICALLY FREE

I attest to the fact that I have been free of problematic substance use for the last two years if

working as Program/Treatment Director, supervisor, Clinical Supervisor/LADC, nurse or other pro-

fessional staff, and all other support staff.

Employee Signature:_____

Date:

921 8th Street SE. Detroit Lakes MN 56501

Pre-Employment Background (NetStudy2) information request

PLEASE PRINT:

	First	Middle	Last
air Color:	Eye color:		
Weight:	Height:		
Date of Birth:	Age:		Race:
Driver's License #	Ex	piration Date:	
	****ATTACH A PI	HOTO OF DRIVERS LIC	ENSE***
State Born in:	Social	Security #:	
Cell:	Home Phone:	Home Phone:email:	
Street Address:	A	vpt #	County:
City:	State:	Zip	Code:
Other Names Know	n by: Nick names, Variations o	on 1 st name, Maiden Nar	me/Previous Married Name, Ect.
Other Names Know <i>First:</i>	n by: Nick names, Variations o	on 1ª name, Maiden Nar Last:	me/Previous Married Name, Ect.
First:		-	me/Previous Married Name, Ect.
First: 1.) 2.)		Last: 1.) 2.)	
First: 1.) 2.)		Last: 1.) 2.)	
First: 1.) 2.) 3.)		Last: 1.) 2.) 3.)	
First: 1.) 2.) 3.)		Last: 1.) 2.) 3.)	
First: 1.) 2.) 3.)		Last: 1.) 2.) 3.) e LAST 5 Years LIST th	
First: 1.) 2.) 3.) te:	f you lived out of state in th	Last: 1.) 2.) 3.) e LAST 5 Years LIST th State:	e STATE and YEARS

By Signing below, you confirm that you are subject of this background study request and that you have received and reviewed a copy of the Background study privacy notice.

 Signature:
 Date:

 For office use only

 In order to ensure accuracy of the data to be entered into the NET study2 all information must be provided by the applicant:

 Data confirmed by:
 Date:

 Study initiated by:
 Date: