

Date Applied:

Sabino Recovery Group LLC (Sabino Recovery) is an equal opportunity employer. We are committed to our policy of providing equal employment opportunity to employees and job applicants in a manner consistent with applicable laws and regulations, including federal laws prohibiting employment discrimination on basis of race, color, creed national origin, sex age, disability, or genetic information. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

PERSONAL INFORMATION

First Name		Last Name		
Present address		City	State	Zip
Phone Number	Email			

EMPLOYMENT DESIRED

Position Requested				Start Date		Salary Desired		
Days/hours available to work	No Pref	Mon	Tue	Wed	Thur	Fri	Sat	Sun
How many hours can you work weekly?				Can you work nights?				
				Yes No				
Employment Desired	Full or Part-time	Full Time only	Part-time Only		Per Diem			
If hired, can you provide documents required to establish your eligibility to work in the U.S.?								
Are you 18 years of age or older?								
Drivers license number required if driving may be required in the job for which you are applying.			Drivers License #		State			
Have you ever pleaded "guilty" or "no contest" to, or been convicted of a crime? Prior conviction will not be an absolute bar to employment.								
If you answered "yes" above, please provide date(s) and details:								
How were you referred to Sabino Recovery?								

EDUCATION (Attach additional sheets if you have more schooling)

Name, City & State of School	Years Attended	Date Graduated	Course of Study	Degree
High School				
College/University				
College/University				
Other Schooling/Training				

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Applicant Name	
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LICENSES/CERTIFICATIONS

Licenses and/or certificates, special training or skills that may assist you in performing the position. (Attach additional sheets if necessary.)

License/certification area	Institution/Agency	License Number	Renewal Date

Has your license/certification every been revoked, suspended or subject to disciplinary action?	
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If yes above, state reason(s), dated of revocation, suspension or disciplinary action and date of reinstatement.

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MILITARY EXPERIENCE

Branch of service	Rank	Job Related Training/Experience

EMPLOYMENT (LIST POSITIONS STARTING WITH MOST RECENT)

Attach additional sheets for other employment

Name & Address of Employer	Telephone

Position Title	Supervisor Name:

Start Date:	Date Ended:	Beginning Salary:	Ending Salary:

Duties:	Reason for Leaving:

Name & Address of Employer	Telephone

Position Title	Supervisor Name:

Start Date:	Date Ended:	Beginning Salary:	Ending Salary:

Duties:	Reason for Leaving:

Name & Address of Employer	Telephone

Position Title	Supervisor Name:

Start Date:	Date Ended:	Beginning Salary:	Ending Salary:

Duties:		Reason for Leaving:	
Applicant Name			
Name & Address of Employer		Telephone	
Position Title	Supervisor Name:		
Start Date:	Date Ended:	Beginning Salary:	Ending Salary:
Duties:		Reason for Leaving:	

WORK-RELATED REFERENCES (DO NOT INCLUDE RELATIVES)

Name	Occupation	Telephone #

STATEMENT (Please read this statement carefully before signing this application):

I understand that employment with Sabino Recovery is at-will, meaning that I or Sabino Recovery may terminate my employment at any time, or for any reason consistent with applicable state or federal law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language that are valid unless they are in writing and signed by the employer's chief executive officer.

I authorize Sabino Recovery to conduct a thorough background investigation of my work and personal history, and verify all data given on this application and during interviews. I hereby release Sabino Recovery, and its representatives or agents, from any liability that might result from such investigation. I authorize all individuals, schools, and firms named to provide any requested information and release them from all liability for providing the requested information.

I understand that following an offer of employment, and prior to reporting to work, all applicants will be required to submit to a criminal background check, a drug and/or alcohol screen and medical review, and Motorvehicle Record check and review. Your employment with Sabino Recovery is contingent on meeting these requirements. All positions at Sabino Recovery are designed as "Safety Sensitive" positions (refer to A.R.S. §23-493(9)), and in light of our company mission Sabino Recovery does not employ medical marijuana cardholders. If you are given an offer of employment, Sabino Recovery will conduct any of the following pre-employment screenings: background check, drug screen, and MVR check.

I understand this application will be active for a period of 1 year from date signed on application: after that time, if I wish to be considered for employment, I must submit a new application. I certify that all the statements in this completed application are true and understand that any falsifications or willful omissions shall be sufficient cause for dismissal for refusal to hire.

Signature of Applicant:	Date Signed