

# Pre-Application Disclosure

## for Individuals Considering Employment at Recovery Centers of Arkansas

Recovery Centers of Arkansas (RCA), when considering your application for employment, when making a decision whether to offer you employment, when deciding whether to continue your employment (if you are hired), and when making other employment related decisions directly affecting you, may wish to obtain and use a “consumer report” from a “consumer reporting agency”. These terms are defined in the Fair Credit Reporting Act (FCRA), which applies to you. As an applicant for employment or an employee of RCA, you are a “consumer” with rights under the FCRA.

A “consumer reporting agency” is a person or business that for monetary fees, dues, or on a cooperative non-profit basis, regularly assembles or evaluates consumer credit information on consumers for the purpose of furnishing “consumer reports” to others, such as RCA.

A “consumer report” is any written, oral or other communication of any information by a “consumer reporting agency” bearing on a consumer’s character, general reputation, personal characteristics or mode of living which is used or collected for the purpose of serving as a factor in establishing the consumer’s eligibility for employment purposes. For RCA’s purposes, a consumer report will consist of public and private sources about workers’ compensation injuries, driving record, court record, history report, education, credentials, credit and references, criminal background check and civil litigation records check, and may include employment verification, reference checking and educational verification.

If RCA obtains a “consumer report” about you and if RCA considers any information in the “consumer report” when making an employment related decision that directly and adversely affects you, you will be notified before the decision is finalized and you will be provided with a copy of the “consumer report”. You may also contact the Federal Trade Commission about your rights under the FCRA as a “consumer” with regard to “consumer reports” and “consumer reporting agencies.”

### **RCA as a Drug-Free Workplace**

RCA applicants for employment must pass a pre-employment drug screen. Subsequently, employees may be administered a drug screen and/or breathalyzer test for cause (when there is a report from any source of drug/alcohol use or when there is reasonable behavioral evidence that the person is under the influence of alcohol or other mood-altering drugs) or randomly. Failure to pass a drug screen or any level of alcohol registering on a breathalyzer may result in immediate termination of employment without further notice. Refusal to consent to such testing will result in immediate termination of employment without further notice.

### **Employment Verification**

I hereby authorize Recovery Centers of Arkansas to contact any company, person, or educational institution I listed as a reference on my resume and/or employment application. I hereby allow any company, person or educational institute I listed as a reference on my employment application to disclose any information they may have regarding my qualifications for employment, including but not limited to employment dates, descriptions of jobs performed, salary and wage rates and personal attributes, threats of violence, harassing acts or threatening behavior related to the workplace or directed at another employee, reason for separation for employment and eligibility for rehire. It is confidential and will not be used for any other purposes. I hereby release the employer and agents and all persons,

agencies, and entities providing information or reports about me from any and all liability arising out of the requests for or release of any of the above mentioned information or reports.

### Disclosure and Consent

1. In connection with my application for employment, I understand that a consumer report or an investigative consumer report may be requested that will include information about my character, work habits, performance and experience, along with the reasons for termination of past employment. I understand that as directed by company policy and consistent with the job described, you may be requesting information from public and private sources about my: worker's compensation injuries, driving record, court record, criminal history report, education, credentials, credit and references. In the event adverse information is reported, I will be notified to that effect.
2. Medical and workers' compensation information will only be requested in compliance with the Federal Americans with Disabilities Act (ADA) and/or and other applicable state laws. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a consumer reporting agency. If so, I will be notified and given the name and address of the agency or the source which provided the information.
3. I acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original. This release is valid for most federal, state and county agencies.
4. I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference of insurance company contacted by RCA or its agent, to furnish the information described in Section 1.

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes.

Print Name: Last_____First_____Middle_____
Other names you have used:_____
Home address:_____
City_____State_____Zip_____
Social Security # _____ Driver's License # _____
Name as appears on license _____
Race: <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Other
Date of Birth _____ Sex <input type="checkbox"/> Male <input type="checkbox"/> Female

I certify that I have reviewed and understand this pre-application disclosure. I acknowledge that Recovery Centers of Arkansas may collect, use, transfer and disclose my personal information as described in this Statement. I acknowledge and agree that it is my responsibility to submit information requested on to the application for employment at Recovery Centers of Arkansas. By my signature I verify the accuracy and completeness of all such information.

Signature/Date\_\_\_\_\_

# Application for Employment Recovery Centers of Arkansas

We are an equal opportunity employer

*A Pre-Application Disclosure must be completed and signed prior to RCA's review of an application for employment.*

Name \_\_\_\_\_ Date \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_ E-mail \_\_\_\_\_

Position applying for \_\_\_\_\_ Date you can start \_\_\_\_\_

Are you employed now?

NO  Yes May we contact your current employer?  NO  Yes

Have you even been employed by RCA?

NO  Yes, if so, when \_\_\_\_\_

Have you ever been a client of RCA?

NO  Yes, if so, when \_\_\_\_\_

Do you smoke cigarettes?

NO  Yes

Have you ever been arrested?

NO  Yes, list date(s) and charge \_\_\_\_\_

Have you ever been convicted of a misdemeanor?

NO  Yes, list date(s) and charge \_\_\_\_\_

Have you ever been convicted of a felony?

NO  Yes, list date(s) and charge \_\_\_\_\_

Are you currently on Probation, Parole or early Release?

NO  Yes, list date(s) and charge \_\_\_\_\_

Have you ever had an open case through the Division of Children and Family Services?

NO  Yes, list date(s) and explain \_\_\_\_\_

Are you registered as a sex offender?

NO  Yes, list date(s) and explain \_\_\_\_\_

Are you registered with the Arkansas Adult Maltreatment Registry?

NO  Yes, list date(s) and explain \_\_\_\_\_

Are you registered with the Arkansas Child Maltreatment Registry?

NO  Yes, list date(s) and explain \_\_\_\_\_

Do you have an immediate family member currently under federal jurisdiction?

NO  Yes, explain relationship to you \_\_\_\_\_

Have you had any moving vehicle traffic violations within the last 5 years?

NO  Yes, list date(s) and charge \_\_\_\_\_

Have you ever been terminated from employment due to an allegation of sexual misconduct, fraud, theft, ethical violation or posing a threat to the safety of co-workers or service recipients/customers?

NO  Yes, list date(s) and charge \_\_\_\_\_

Have you ever lost a license or certification?

NO  Yes, list date(s) and charge \_\_\_\_\_

Have you ever filed for bankruptcy?

NO  Yes, list date(s) \_\_\_\_\_

Are you subject to any garnishment of wages at this time?

NO  Yes

Do you know any current RCA employees?

NO       Yes, list names of all you know \_\_\_\_\_

Are you related to any current RCA employees?

NO       Yes, list date(s) and charge \_\_\_\_\_

Do you know any current members of RCA's board of directors?

NO       Yes, list names of all you know \_\_\_\_\_

Are you related to any current members of RCA's board of directors?

NO       Yes, list who \_\_\_\_\_

*A resume may be submitted in place of the Education and Work History Sections.*

**Education**

Education	Name/Location	Circle last completed	Did you graduate	Subjects studied
High School		n/a		n/a
College		1 2 3 4		
Post-graduate work				

**Work History** - List former employers below, starting with the last one first.

Date (month & year)	Name of Employer	Salary	Position	Reason for Leaving
FROM				
TO				
FROM				
TO				
FROM				
TO				

**References** – List the names of three persons not related to you, whom you have known at least one year.

Name	Phone number	Relationship

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts can result in dismissal if hired. Further, I understand and agree that if hired, my employment is for no definite period and my wages and salary, may be terminated at any time without previous notice.

Signature/Date \_\_\_\_\_