

EMPLOYMENT APPLICATION

NorthEast Treatment Centers / NET Treatment Services ("NET") and Riverside Care ("Riverside") are Equal Opportunity Employers that do not discriminate on the basis of race, color, religion, gender, age, ethnic or national origin, handicap, disability, sexual orientation, sexual preference, genetic information, or any other legally prohibited criteria.

PLEASE PRINT CLEARLY

DATE OF APPLICATION: ____ / ____ / ____

LAST NAME

FIRST NAME

MIDDLE INITIAL

POSITION DESIRED

E-MAIL ADDRESS

HOME ADDRESS: NUMBER & STREET

APT.

CITY

STATE

ZIP CODE

SOCIAL SECURITY NUMBER

**CIRCLE BEST PHONE #
TO REACH YOU**

HOME TELEPHONE NO.

PERSONAL CELL PHONE

____ - ____ - ____

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DO YOU HAVE A LEGAL RIGHT TO WORK IN THE UNITED STATES? YES NO

IF AN OFFER OF EMPLOYMENT IS MADE, YOU WILL BE ASKED TO VERIFY YOUR RIGHT TO WORK BY SUBMITTING DOCUMENTATION ACCEPTABLE TO U.S. Immigration and Customs Enforcement (ICE).

Are you under 18 years of age? Yes No If you answered Yes, please state date of birth: ____ / ____ / ____
MM DD YYYY

ARE YOU CURRENTLY EMPLOYED Full-Time Part-Time Temporary

ARE YOU CURRENTLY EMPLOYED AT YOUR APPROPRIATE LEVEL OF EMPLOYMENT BASED ON YOUR EDUCATION AND EXPERIENCE? YES NO

WHEN WAS THE LAST TIME YOU WERE EMPLOYED AT YOUR APPROPRIATE LEVEL OF EMPLOYMENT FOR YOUR EDUCATION AND EXPERIENCE? _____ WHO WAS THE EMPLOYER? _____

WHEN ARE YOU AVAILABLE TO START WORK? (MM / DD / YYYY) ____ / ____ / ____

Are you interested in: Full-Time Part-Time Temporary Whatever is available

Are there any days of the week or hours that you are unable to work? If so state which days; and what hours?

Are you available to work Weekends as part of a regular schedule? Yes No

SALARY/COMPENSATION DESIRED: _____

HAVE YOU EVER BEEN EMPLOYED BY NET IN THE PAST? No Yes IF YES, WHEN DID YOU LEAVE _____ AND WHAT WAS YOUR POSITION AT THE TIME YOU LEFT: _____

HAVE YOU EVER BEEN EMPLOYED BY RIVERSIDE IN THE PAST? No Yes IF YES, WHEN DID YOU LEAVE _____ AND WHAT WAS YOUR POSITION AT THE TIME YOU LEFT: _____

HAVE YOU PREVIOUSLY APPLIED FOR A POSITION AT NET? No Yes If Yes, When? _____ AND WHAT WAS THE POSITION YOU APPLIED FOR _____

HAVE YOU PREVIOUSLY APPLIED FOR A POSITION AT RIVERSIDE? No Yes If Yes, When? _____ AND WHAT WAS THE POSITION YOU APPLIED FOR _____

HAVE YOU EVER BEEN CONVICTED OF, OR PLEADED GUILTY OR NO CONTEST TO: A CRIME?

Yes No

HAVE YOU EVER BEEN CONVICTED OF, OR PLEADED GUILTY OR NO CONTEST TO: A FELONY?

Yes No

HAVE YOU EVER BEEN CONVICTED OF, OR PLEADED GUILTY OR NO CONTEST TO:

A MISDEMEANOR? Yes No

HAVE YOU EVER BEEN CONVICTED OF OR PLEADED GUILTY TO CHILD ABUSE OR SEXUAL ABUSE? Yes No

A conviction may not disqualify an applicant from employment with NET or Riverside Care. However, if you answered "Yes" to any question, you must provide an honest written explanation of each crime. Failure to provide a full and honest written explanation may disqualify an applicant. If you run out of space, you can write on the back of this page or ask for more paper. For each crime, your explanation must include details as to: the date(s) of the crime; what the crime was; where the crime took place; details of exactly what happened that led up to the crime and how you were involved and what you did; where you were convicted or pleaded guilty; what court the crime was in; whether you pleaded guilty or were tried before a bench or jury; whether you were found guilty and, if so, the Sentence; and whether you have completed serving the sentence, including probation and parole. Please also feel free to provide any other information that you think would be important to consideration of your Application. Do not leave out any details.

We repeat that it is important for you to provide an honest explanation of what happened because in the hiring process the way you tell your own story is the best way we can evaluate whether you are a person who is likely to be an honest and trustworthy employee.

NET and Riverside Care also do independent criminal clearance checks on all individuals, and as required by law FBI clearances and Child Abuse Clearances.

What position or positions are you applying for?

1. _____ NET Riverside Either
2. _____ NET Riverside Either
3. _____ NET Riverside Either

Please understand that if you are hired by NET or by Riverside, your position will almost certainly require that you work at more than one location.

NET has at least 10 locations in Pennsylvania and four in Delaware. If you are hired in Philadelphia, your position may require that you work at more than one site, or even relocate to a different Philadelphia site based on census requirements and because we are a continuously expanding organization. Are you willing to work at whatever Philadelphia location is required based on census needs? Yes No

Riverside has locations in Philadelphia and in the Lehigh Valley. You could be asked to work at either of the two Philadelphia sites, or at either of the two Lehigh Valley sites, which are Easton and Bethlehem. Are you willing to work at whichever location is required based on census needs? Yes No

How did you learn about this job opportunity? (Please check all that apply)

- Employee Referral (Please tell us the employee's name because they will be rewarded) _____
- Social networking site (please specify) _____
- Website (please specify) _____
- Career Builder
- Craig's List
- Other Website (Specify) _____
- Job Fair
- NET or Riverside HR Outreach
- Job Board Posting at work
- Walk-in
- Other (Specify) _____

Please tell us in your own words what you think are your strongest skills as a person, and what you think are your strongest skills that make you a good candidate for this job. We would also be interested in knowing of any accomplishments or failures, either on or off the job that you think were important to making you who you are today and that you think have contributed to your character, your resilience, and your sense that you would be a good fit for employment at NET or Riverside. Thank you for taking the time to think through and respond to this question.

EMPLOYMENT HISTORY

LIST CURRENT OR MOST RECENT EMPLOYMENT FIRST & WORK BACK:

ARE YOU CURRENTLY: EMPLOYED? Yes No **ON LAYOFF STATUS AND SUBJECT TO RECALL?** Yes No
UNEMPLOYED? Yes No

IF ANY OF YOUR EMPLOYMENT WAS UNDER A DIFFERENT NAME, PLEASE PROVIDE THE NAME(S) AND RELEVANT YEARS SO THAT WE MAY VERIFY YOUR EMPLOYMENT. IF YOU ARE A RECENT GRADUATE, PLEASE ALSO LIST ANY INTERNSHIPS THAT PROVIDED EXPERIENCE THAT IS RELEVANT TO YOUR APPLICATION.

1. CURRENT OR MOST RECENT EMPLOYER: FROM (MM/YY) TO (MM/YY)

ADDRESS CITY STATE ZIP CODE TELEPHONE

LAST POSITION TITLE:

Salary: _____ Check whether: Hourly Weekly Biweekly Annual

Immediate Supervisor's Name: _____ Title: _____

Describe your Job Duties:

Did you leave voluntarily? Yes No Explain or give reason(s) for leaving:

MAY WE CONTACT THIS EMPLOYER? Yes No

2. EMPLOYER NAME: FROM (MM/YY) TO (MM/YY)

ADDRESS CITY STATE ZIP CODE TELEPHONE

LAST POSITION TITLE AND SALARY:

Salary: _____ Check whether: Hourly Weekly Biweekly Annual

Immediate Supervisor's Name: _____ Title: _____

Describe your Job Duties:

Did you leave voluntarily? Yes No Explain or give reason(s) for leaving:

MAY WE CONTACT THIS EMPLOYER? Yes No

3. EMPLOYER NAME:

FROM (MM/YY)

TO (MM/YY)

ADDRESS

CITY

STATE

ZIP CODE

TELEPHONE

LAST POSITION TITLE AND SALARY:

Salary: _____ Check whether: Hourly Weekly Biweekly Annual

Immediate Supervisor's Name: _____ Title: _____

Describe your Job Duties:

Did you leave voluntarily? Yes No Explain or give reason(s) for leaving:

MAY WE CONTACT THIS EMPLOYER? Yes No

4. EMPLOYER NAME:

FROM (MM/YY)

TO (MM/YY)

ADDRESS

CITY

STATE

ZIP CODE

TELEPHONE

LAST POSITION TITLE:

Salary: _____ Check whether: Hourly Weekly Biweekly Annual

Immediate Supervisor's Name: _____ Title: _____

Describe your Job Duties:

Did you leave voluntarily? Yes No Explain or give reason(s) for leaving:

MAY WE CONTACT THIS EMPLOYER? Yes No

Please attach additional pages if you need more space

4. SCHOOL NAME _____ City _____ State _____ Telephone _____

NUMBER OF YEARS ATTENDED: _____ DID YOU GRADUATE? Yes No

DEGREE RECEIVED: _____ MAJOR / COURSE OF STUDY: _____

May we contact this school to verify your education? Yes No

Please attach additional pages if you need more space

PROFESSIONAL LICENSES AND CERTIFICATES

PLEASE LIST ALL LICENSES & CERTIFICATES THAT YOU HOLD, OR HELD IN THE PAST, THAT ARE REQUIRED OR MAY BE RELEVANT TO THE POSITION FOR WHICH YOU ARE APPLYING:

1. Type of LICENSE / CERTIFICATE: _____ LICENSE # / CERTIFICATE # : _____
STATE ISSUED: _____ DATE ISSUED: _____ EXPIRATION DATE: _____
Is this License or Certificate currently in good standing? Yes No

2. Type of LICENSE / CERTIFICATE: _____ LICENSE # / CERTIFICATE # : _____
STATE ISSUED: _____ DATE ISSUED: _____ EXPIRATION DATE: _____
Is this License or Certificate currently in good standing? Yes No

3. Type of LICENSE / CERTIFICATE: _____ LICENSE # / CERTIFICATE # : _____
STATE ISSUED: _____ DATE ISSUED: _____ EXPIRATION DATE: _____
Is this License or Certificate currently in good standing? Yes No

HAS ANY LICENSE OR CERTIFICATE (including licenses or certificates not listed above) EVER RECEIVED ANY DISCIPLINARY ACTION OR SANCTION? Yes No IF YES, PLEASE EXPLAIN:

Please attach additional pages if you need more space

DRIVER'S LICENSE

Do you have a valid driver's license? Yes No

State that issued driver's license _____ License expiration date: _____

Has your driver's license ever been suspended or revoked? Yes No
If yes, please explain:

MILITARY HISTORY

HAVE YOU EVER SERVED IN THE U.S. MILITARY? Yes No

Please describe any Training, Skills, or Duties, that may be relevant to the position for which you are applying:

UNEMPLOYMENT

If you are or have been recently unemployed as a result of the economy, please explain the circumstances of your unemployment.

OTHER SKILLS AND QUALIFICATIONS

Please list other SKILLS and QUALIFICATIONS you possess, including other INFORMATION that may be useful to NET or Riverside Care in considering your Application for Employment. (Please omit all information indicative of age, sex, race, ethnic or national origin, religion, ancestry, sexual orientation, genetic information, handicap, or disability)

EXAMPLES OF INFORMATION YOU MAY WANT TO PROVIDE

- Office Equipment and/or Computer Programs that you can operate with proficiency
- Languages in which you are proficient and that you would be willing to use as part of your job
- Volunteer, Community, Civic Activities
- Awards / Recognitions received
- Publications
- Other

JOB-RELATED or PROFESSIONAL REFERENCES (Please do not list personal references)

Please list 3 JOB-RELATED or PROFESSIONAL REFERENCES. Each Reference should be a person who is not related to you and does not live with you. Each Reference also should be someone who has known you for at least two years. Each Reference also should be someone who can speak to your past employment and work.

NAME	TELEPHONE	ADDRESS	HOW THIS PERSON KNOWS YOU
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1. _____

2. _____

3. _____

APPLICANT STATEMENT

In applying for employment with NET or Riverside Care, I certify that the above information is true and correct to the best of my knowledge, information and belief. I understand that any misrepresentation or omission of information is cause for rejection of my application or dismissal from employment. I authorize NET or Riverside Care to investigate my record. By my signature below, I authorize NET or Riverside Care to contact the following to verify the information I have provided in this Application: (1) All employers and work places, unless I have specifically indicated otherwise; (2) Schools and Certificate programs, to verify my education; and (3) References I have provided. If I am offered and accept a position, I consent to a post-offer Health Screen and TB test, to be completed prior to my first day of work. I understand that, as a condition of employment, NET's and Riverside Care's Human Resources Department conducts criminal history checks on all new employees; and child clearance reviews where required by regulation; and FBI criminal checks where required by law or regulation. I understand that any offer of employment is contingent on the results of required criminal background checks, FBI, and child abuse clearances being acceptable to NET and Riverside Care. I further understand that an offer of employment may be rescinded or voided, or if I am already working I may be separated, if I have misrepresented any criminal information or other information, or if the results of my criminal background check, FBI, and child abuse clearances are not acceptable to NET or Riverside Care in its professional discretion, or based on appropriate payor and regulatory requirements. If I am hired and as a condition of employment, I agree to comply with all NET / Riverside Care policies. I understand that if I am hired, program-related auditors may review the credentialing data contained in my personnel file, and I consent to this review. I understand that nothing in this application is intended to imply or create an employment relationship or a contract of employment. I further understand that, if I am hired, my employment at NET or Riverside Care will be at-will employment, and that I can be separated from employment at any time, for any or no reason, with or without cause, and without notice.

Applicant Signature: _____

Date: _____

E.E.O. Request Form:

Dear NET / Riverside Care Applicant:

To comply with Equal Employment Opportunity regulations, NET and Riverside Care are required to provide cumulative data about its applicant pool. To help NET and Riverside Care collect this data, we request that you fill out the form below. Completion of this form is strictly voluntary, however, and will in no way affect your application for employment. If you complete the form, please tear it off the back of your application and place this form in the attached envelope; seal the envelope for confidentiality. Upon receipt by NET or Riverside Care, this form will be separated from the rest of your application; it will not be forwarded to the program engaged in hiring, but will be maintained by Human Resources only to assist in an effort to promote equal employment opportunities.

Thank you.

Date of Application: _____ Position Applied for: _____

Gender: Male Female Current Age: _____

Race & Ethnicity: White Black or African American Asian American Indian or Alaska Native
 Hispanic or Latino Native Hawaiian or Other Pacific Islander Other _____

Do you wish to declare a handicap or disability? Yes No

If yes, please check description(s): Ambulatory Hearing or Sight Speech Other _____
 Coordination Learning Mental

Are you a U.S. Veteran? Yes No Date of Discharge _____

State from which you would commute to work: PA NJ DE Other _____