



RABINER TREATMENT CENTER APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

This application must be completed in its entirety to be considered for any employment opportunity.

DATE: _____

PERSONAL INFORMATION

Name: _____ SSN: _____
Last First Middle

Address: _____ Phone #: _____
Street City State, Zip

Are you 18 years or older? Yes No Do you have a valid driver's license? Yes No

Are you prevented from being employed in this country because of VISA or Immigration status? Yes No

EMPLOYMENT DESIRED

Position applying for: _____ Date you can start: _____ Desired Salary: _____

Have you received a description of the job you are applying for? Yes No

Can you complete the requirements of this job, especially the physical requirements, with or without reasonable accommodation? Yes No

Have you ever worked at this company before? _____ Where? _____ When? _____

Name of last supervisor @ this company _____

Reason for leaving _____

List any relatives, friends and/or acquaintances who are current employees or clients of RTC: _____

How were you referred to this company? Current Employee (name) _____

Employment Agency Walk In Advertisement (name) _____

Other (explain) _____

EDUCATION

	Name & Location of School	No. of Years Attended	Did you Graduate?	Subjects Studied/Degree Earned
High School			Yes/No/GED	
College				
Trade Business or Correspondence School				
Subjects of Special Study/Research Work/Training/Skills				

SERVICE RECORD

Branch of Service: _____ Discharge Date & Rank: _____

Present Membership in National Guard or Reserves: _____ Date Obligation Ends: _____

REFERENCES

Please complete the information for three persons **not** related to you, whom you have known for at least one year.

Name	Address	Phone Number	Occupation	Years Known

FORMER EMPLOYERS

(Beginning with the most recent, list your last 3 employers)

Employer 1: Name & Address: _____

Start Date: _____ End Date: _____ Phone #: _____ May we contact: Yes No

Starting Salary: _____ Ending Salary: _____ Job Title: _____

Description of Work: _____

Name of Supervisor: _____ Reason for Leaving: _____

Employer 2: Name & Address: _____

Start Date: _____ End Date: _____ Phone #: _____ May we contact: Yes No

Starting Salary: _____ Ending Salary: _____ Job Title: _____

Description of Work: _____

Name of Supervisor: _____ Reason for Leaving: _____

Employer 3: Name & Address: _____

Start Date: _____ End Date: _____ Phone #: _____ May we contact: Yes No

Starting Salary: _____ Ending Salary: _____ Job Title: _____

Description of Work: _____

Name of Supervisor: _____ Reason for Leaving: _____

DIRECT CARE SCHEDULE & AVAILABILITY

Rabiner Treatment Center is a residential treatment facility which provides services 24 hours a day, 7 days a week, 365 days a year. Accordingly, the schedules for direct care positions are based on the “front half” or the “back half” of the week facilitating a four day on, three day off work week. Depending upon the position, employees are REQUIRED to work either Saturday or Sunday.

Below is a listing of direct care positions and corresponding shifts. Please the box in front of **ALL** positions you are available to work. Interviews are scheduled depending upon the open position and the availability of the qualified candidate to work the required shift.

Front Half (Sunday – Wednesday)

	Position	Sunday	Monday	Tuesday	Wednesday	Hours Per Week
<input type="checkbox"/>	FT3	7am to 5pm	6am to 4pm	6am to 4pm	6am to 4pm	40
<input type="checkbox"/>	FT1	1pm to 11pm	12pm to 10pm	12pm to 10pm	12pm to 10pm	40
<input type="checkbox"/>	PT7	7am to 1pm	6am to 2:30pm	6am to 2:30pm	6am to 1pm 2 hour team	30
<input type="checkbox"/>	PT3	8am to 9pm	3pm to 9pm	3pm to 9pm	2 hour team	27
<input type="checkbox"/>	PT5	3pm to 10pm	3pm to 9pm	3pm to 9pm	2 hour team	21
<input type="checkbox"/>	Night Monitor	10:30pm to 8am	10:30pm to 8am	10:30pm to 8am	10:30pm to 8am	Varies

Back Half (Wednesday-Saturday)

	Position	Wednesday	Thursday	Friday	Saturday	Hours Per Week
<input type="checkbox"/>	FT4	6am to 4pm	6am to 4pm	6am to 4pm	7am to 5pm	40
<input type="checkbox"/>	FT2	12pm to 10pm	12pm to 10pm	12pm to 10pm	1pm to 11pm	40
<input type="checkbox"/>	PT4	2 hour team	3pm to 9pm	3pm to 9pm	8am to 9pm	27
<input type="checkbox"/>	PT8	2 hour team	6am to 2:30pm	6am to 2:30pm	7am to 1 pm	25
<input type="checkbox"/>	PT6	2 hour team	3pm to 9pm	3pm to 9pm	3pm to 10pm	21
<input type="checkbox"/>	Night Monitor	10:30pm to 8am	10:30pm to 8am	10:30pm to 8am	10:30pm to 8am	Varies

If you have a preferred position(s), please indicate that here: _____
 Listing a preference will not prevent you from being considered for other open positions for which you have indicated availability.

