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| Date Received: |
| Received by: |

Nova Recovery LLC is an Equal Opportunity Employer. Employment offers are made on the basis of qualifications and without regard to race, sex, religion, national or ethnic origin, disability, age, veteran status, or sexual orientation.

Please type or print. Complete the entire application. You may attach a resume, but you must still complete all questions. If the application is not completed fully, it will be deemed incomplete and may not be considered.

PERSONAL INFORMATION

| | |
|-------------------------|--|
| Position Applying For: | |
| Name (LAST, FIRST, MI): | |
| Street Address: | |
| City, State, & Zip: | |
| Telephone Number: | |
| Other Number: | |
| Email Address: | |

Are you legally authorized to work in the United States? YES NO Are you under 18 years of age? YES NO

Are you related to any current Nova Recovery LLC employee? YES NO

If yes, their name and their relationship to you:

Have you ever been employed by Nova Recovery LLC? YES NO

If yes, dates of employment and reason for leaving:

If required for position, do you have a valid driver's license in good standing? YES NO

If yes, state of issuance, license #, and expiration date:

How did you hear about this employment opportunity at Nova Recovery LLC?

| | |
|--|--|
| <input type="checkbox"/> Job Posting at: | <input type="checkbox"/> Nova Website |
| <input type="checkbox"/> Department of Labor | <input type="checkbox"/> Referral by Employee: |
| <input type="checkbox"/> Social Network Posting: | <input type="checkbox"/> Other: |

EDUCATION & SKILLS

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|--|----------|
| High School/GED Name: | Address: |
| Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/> | Degree: |

| | |
|--|----------|
| College Name: | Address: |
| Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/> | Degree: |

| | |
|--|----------|
| College Name: | Address: |
| Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/> | Degree: |

| | |
|--|----------|
| Other School Name: | Address: |
| Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/> | Degree: |

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|---|
| Other credentials/licenses/skills/etc. which are relevant to the job: |
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WORK EXPERIENCE

Please detail your work history. Begin with your current or most recent employer. If you held multiple positions within the same organization, detail each position separately. Attach additional sheets if necessary. Omission of prior employment may be considered falsification of information. Please explain any gaps in employment. Include full-time military or volunteer commitments. Please do not complete this information with the notation "See Resume."

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|------------------------------------|---|
| Dates Employed: | Title: |
| Organization Name: | Phone: |
| Address: | |
| Starting/Final Salary: | <input type="checkbox"/> Part-Time Number of Hours: <input type="checkbox"/> Full-Time |
| Primary Duties: | |
| Reason for Leaving: | |
| Supervisor's Name, Title, & Phone: | |
| Contact My Current References: | <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate |

| | |
|------------------------------------|---|
| Dates Employed: | Title: |
| Organization Name: | Phone: |
| Address: | |
| Starting/Final Salary: | <input type="checkbox"/> Part-Time Number of Hours: <input type="checkbox"/> Full-Time |
| Primary Duties: | |
| Reason for Leaving: | |
| Supervisor's Name, Title, & Phone: | |
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| | | | |
|------------------------------------|--------------------------------------|--|------------------------------------|
| Dates Employed: | | Title: | |
| Organization Name: | | Phone: | |
| Address: | | | |
| Starting/Final Salary: | | <input type="checkbox"/> Part-Time Number of Hours: | <input type="checkbox"/> Full-Time |
| Primary Duties: | | | |
| Reason for Leaving: | | | |
| Supervisor's Name, Title, & Phone: | | | |
| Contact My Current References: | <input type="checkbox"/> At any time | <input type="checkbox"/> Only if I am a finalist candidate | |

ACKNOWLEDGEMENT & AUTHORIZATION

PLEASE READ CAREFULLY BEFORE SIGNING:

I read and understand the position description and can perform the essential functions with or without a reasonable accommodation. I certify that the information on this application and its supporting documents is accurate and complete. I understand and agree that failure to fully complete the form, or misrepresentation or omission of facts, represents grounds for elimination from consideration for employment, or termination after employment if discovered at a later date. I authorize Nova Recovery LLC to investigate, without liability, all statements contained in this application and supporting materials. I authorize references and former employers, without liability, to make full response to any inquiries in connection with this application for employment. If requested, I agree to submit to a criminal background investigation and screening for illegal substances upon conditional offer of employment. I understand that this document is NOT an offer of employment, and that an offer of employment, if tendered, does NOT constitute a contract for continued guaranteed employment. I understand that staff employees of Nova Recovery LLC serve at-will, and the employment relationship may be terminated at any time by either party, for any or no reason, other than a reason prohibited by law. If employed, I will be required to furnish proof of eligibility to work in the United States and to comply with company and departmental regulations. I understand that if employed on a temporary basis, I would be paid for hours worked only, and would be ineligible for benefits including paid time off. I understand that any benefits I receive may be subject to change or discontinuation at any time without prior notice. I understand that the first THREE MONTHS of regular employment represent a provisional period, during which I would not be eligible to apply for transfer or promotion and during which I may be terminated without right of appeal.

 APPLICANT'S SIGNATURE (Void unless signed and dated)

 DATE



Equal Employment Opportunity Form

PERSONAL INFORMATION

| | |
|-------------------------|--|
| Position Applying For: | |
| Name (LAST, FIRST, MI): | |
| Street Address: | |
| City, State, & Zip: | |
| Telephone Number: | |
| Other Number: | |
| Email Address: | |

VOLUNTARY INFORMATION

This information is being requested in accordance with federal regulations. The information is voluntary and will not be used when considering you for employment with our company.

What is your race/ethnicity? Please mark the one box that describes the race/ethnicity category with which you primarily identify.

| | |
|--|--|
| <input type="checkbox"/> Hispanic or Latino: a person of Cuban, Mexican, Chicano, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. | <input type="checkbox"/> White: a person having origins in any of the original peoples of Europe, the Middle East, or North Africa. |
| <input type="checkbox"/> American Indian or Alaska Native: a person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment. | <input type="checkbox"/> Asian: a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. |
| <input type="checkbox"/> Native Hawaiian or Other Pacific Islander: a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. | <input type="checkbox"/> Black or African American: a person having origins in any of the black racial groups of Africa. |
| <input type="checkbox"/> Two or More Races: a person who primarily identifies with two or more of the above race/ethnicity categories. | <input type="checkbox"/> I do not wish to disclose. |

Gender

| | |
|---------------------------------|-------------------------------|
| <input type="checkbox"/> Female | <input type="checkbox"/> Male |
|---------------------------------|-------------------------------|

Military Service

| | |
|---|---|
| <input type="checkbox"/> Pre-Vietnam Era | <input type="checkbox"/> Vietnam Era |
| <input type="checkbox"/> Post-Vietnam Era | <input type="checkbox"/> Disabled Veteran |