



Road 2 Recovery Treatment Center Employment Application

Date: _____

Equal Opportunity Employer Statement

Road 2 Recovery Treatment Center is an Equal Opportunity Employer. We do not discriminate based on race, color, religion, sex, national origin, age, disability, genetic information, sexual orientation, gender identity, or any other protected status under federal or Ohio law.

POSITION APPLYING FOR:

- ☐ Direct Care Professional ☐ Qualified Mental Health Specialist (QMHS) ☐ Case Manager
☐ Program Manager ☐ Administrative Staff
☐ Other: _____

1. APPLICANT INFORMATION

Full Name: _____

Maiden/Other Names Used: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Driver's License #: _____ State: _____

Are you legally authorized to work in the U.S.? ☐ Yes ☐ No

Are you over the age of 18? ☐ Yes ☐ No

2. AVAILABILITY

Employment Type:

- ☐ Full-Time ☐ Part-Time ☐ PRN/As Needed

Shift Availability (Check all that apply):

- ☐ 1st Shift 7:00 AM-3:00 PM ☐ 2nd Shift 3:00 PM-11:00 PM ☐ 3rd Shift 11:00 PM-7:00 AM

- ☐ Weekends ☐ Holidays

Available Start Date: _____



3. EDUCATION

High School: _____

Diploma/GED? ☐ Yes ☐ No

College/University: _____

Degree: _____ Field of Study: _____

Dates Attended: _____

Certifications (CPR, First Aid, CPI, QMHS, LSW, etc.):

Expiration Dates (if applicable): _____

4. EMPLOYMENT HISTORY

(Please list most recent employer first, at least seven years of experience)

Employer #1

Company Name: _____

Address: _____

Phone: _____

Position: _____

Supervisor: _____

Dates Employed: _____

Reason for Leaving: _____

Job Duties:

Employer #2



Company Name: _____

Position: _____

Dates Employed: _____

Reason for Leaving: _____

Job Duties:

(Attach additional pages if necessary.)

5. EXPERIENCE WITH YOUTH / MENTAL HEALTH / BEHAVIORAL HEALTH

Please describe your experience working with children, adolescents, or individuals with mental or behavioral health challenges:

Have you worked in a residential setting before? ☐ Yes ☐ No

If yes, where and in what capacity?

6. SAFETY & BACKGROUND

Have you ever been convicted of a felony or misdemeanor? ☐ Yes ☐ No

(Convictions will not automatically disqualify employment.)

If yes, please explain:

Are you willing to complete:

☐ BCI/FBI Background Check ☐ Drug Screening ☐ TB Test ☐ Physical Examination

☐ CPR/First Aid Certification



Do you have a valid driver's license and reliable transportation? ☐ Yes ☐ No

Are you insurable under a company policy? ☐ Yes ☐ No

7. PROFESSIONAL REFERENCES

(Please list three non-family references)

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

8. PERSONAL STATEMENT

Why do you want to work in a residential group home setting?

How do you handle crisis situations?

What does trauma-informed care mean to you?

9. APPLICANT CERTIFICATION

I certify that all information provided in this application is true and complete to the best of my knowledge. I understand that false information may result in disqualification or termination of employment.

Signature: _____ Date: _____