



APPLICATION FOR EMPLOYMENT

EQUAL OPPORTUNITY EMPLOYER – Federal, State and Municipal laws prohibit discrimination because of race, color, religion, national origin, sex, marital status, age, disability or status as a disabled veteran or veteran of the Vietnam Era.

PLEASE READ THIS APPLICATION THOROUGHLY AND COMPLETE IT ACCURATELY

Fill all sections indicating N/A if the information requested is not applicable. If you need assistance in completing this application, please contact our Human Resources Department. I UNDERSTAND that this application will only be considered "active" for _____ calendar days from the date of application.

PERSONAL DATA

Name _____ Social Security No. _____
First Last

Present Address _____ How Long Have You Resided There? _____
Street and Number City State/Zip Years Months

Home Telephone Number (_____) _____
Area Code

Are you over the age of 18? Yes () No () If no, employment is subject to verification that you are of minimum legal age, to work.

Are you a U.S. Citizen? () No ()
If no, do you have legal right & necessary documents to work in the U.S.? Yes () No ()

(Identity and employment eligibility of all new hires will be verified as required by the Immigration Reform and Control Act of 1986.)

EMPLOYMENT OBJECTIVE

Position: _____ Shifts Desired: _____
Salary Requirements: _____ Days Desired: _____

GENERAL INFORMATION

How were you referred to us? _____ Agency _____ Employee _____ Advertisement _____ Other _____

Have you ever been employed by any other name than the one stated in this application? Yes () No ()
If yes, please give other name(s) _____

Are you presently employed? Yes () No () If yes, what notice will be required? _____

What date will you be available for employment? _____

Names of relatives employed by this Health Care Provider: _____

Can you perform all of the job related functions of the position(s) you are applying for? Yes () No ()
If no, please explain: _____

EDUCATIONAL ATTAINMENT

SCHOOL NAME	ADDRESS (CITY & STATE)	YEARS ATTENDED	MAJOR FIELD OF STUDY	GRADUATE/DATE		DEGREE
				YES	NO	

List Academic Honors, Scholarships, Honorary Fraternities and Professional Organizations. You may exclude those activities or organizations that indicate race, color, religion, national origin, sex, marital status, age, or disability.

Do you plan to continue your education? Yes () No () If yes, please specify _____

BUSINESS SKILLS

Typing Speed _____ Word Processing _____ Shorthand _____ Dictaphone _____
 Computer Hardware _____ Computer Software _____
 Other business equipment: _____

Please describe any other knowledge, experience, abilities, skills or credentials which you feel add to your qualifications for the position sought with us:

CREDENTIALS - List any Professional Licenses and/or Certifications you hold

Type _____ State Issued _____ Expiration Date _____ No # _____
 Type _____ State Issued _____ Expiration Date _____ No # _____
 Type _____ State Issued _____ Expiration Date _____ No # _____
 Type _____ State Issued _____ Expiration Date _____ No # _____

PROFESSIONAL REFERENCES

Name	Address	Occupation	Phone Number	Years known

U.S. Military Service – list branch, rank attained, dates and nature of discharge. A dishonorable discharge will not necessarily disqualify you from the position for which you are applying.

PRESENT AND PAST EMPLOYMENT

List below all present and past employment, for the last 10 consecutive years, starting with your current employer. Please explain any periods of unemployment during the last ten years. Please request an additional page if necessary.

Date From: _____	Total Years/Months _____	Type of Business _____	Positions Held: Describe Duties for each descending in order:
Date To: _____			
Name of employer _____			
Address/City _____		State/Zip _____	
Phone: () _____			
Current Salary \$ _____ Hourly Rate \$ _____ Bonus _____			
Reason for leaving (If you quit say why. If terminated say what reasons you were given.)			May We Contact: Yes () No ()
			H.R. Verification Signature/Date:

Date From: _____	Total Years/Months _____	Type of Business _____	Positions Held: Describe Duties for each descending in order:
Date To: _____			
Name of employer _____			
Address/City _____		State/Zip _____	
Phone: () _____			
Current Salary \$ _____ Hourly Rate \$ _____ Bonus _____			
Reason for leaving (If you quit say why. If terminated say what reasons you were given.)			May We Contact: Yes () No ()
			H.R. Verification Signature/Date:

Date From: _____	Total Years/Months _____	Type of Business _____	Positions Held: Describe Duties for each descending in order:
Date To: _____			
Name of employer _____			
Address/City _____		State/Zip _____	
Phone: () _____			
Current Salary \$ _____ Hourly Rate \$ _____ Bonus _____			
Reason for leaving (If you quit say why. If terminated say what reasons you were given.)			May We Contact: Yes () No ()
			H.R. Verification Signature/Date:

CRIMINAL CONVICTIONS

Have you been convicted of a crime (other than a minor traffic offense) or pled no contest to a crime?

Yes* () No () If Yes, please answer the following.

▪ For each conviction, please provide the following information:

Date	Offense	Place of Conviction	Length of Sentence/ Amount of Fine
1.			
2.			
3.			

▪ Please provide any additional information, including rehabilitation efforts, which you would like considered regarding any conviction you have disclosed. * Answering "Yes" to this question will not necessarily disqualify you from the position desired. Any conviction and the circumstances will be evaluated in relation to the position for which you are applying.

AUTHORIZATION FOR BACKGROUND INQUIRY

I authorize Behavioral Healthcare Corporation to conduct a background investigation on myself including, but not limited to, consumer credit history, criminal conviction history, driving history, prior employment, and source verification of highest level of education. I understand this may include information as to my character, work habits, job performance, and experience, along with reasons for termination of past employment. I further understand that information may be requested from various federal, state, and other agencies which may maintain records concerning my past activities relating to my driving, credit performance, criminal conduct, and other experiences. I understand that these background checks may include an FBI criminal history background check, Pennsylvania child abuse background check, and state criminal background check as defined in Commonwealth of PA DPW Bulletin Number 3490-08-03. I understand that any information obtained may be used to evaluate my qualifications for the position for which I am applying. I authorize, without reservation, any person or agency to furnish the above information to Behavioral Healthcare Corporation.

I authorize that a photocopy or facsimile of my signature below may be used to obtain information. I further understand that to aid in the proper identification of my file or records, I am providing the following information:

Print Full Name: _____

Any prior names, maiden name, nickname, or aliases: _____

Current Social Security #: _____ Prior Social Security No. _____

Driver's License #: _____ State Issued: _____

(Please list ALL previous addresses for last 10 years. Use an additional page if necessary.)

Previous Mailing Address: _____

City / State / Zip: _____

Previous Mailing Address: _____

City / State / Zip: _____

Applicant's Statement

I understand further that any misstatements/falsification or omissions in this application will result in a decision not to hire me, or to discharge me if discovered only after hire.

I understand that any offer of employment by the Health Care Provider will be conditioned upon a post offer medical examination performed prior to employment and post offer pre-employment Drug Test. I hereby give my consent to any such examination(s).

I agree to conform to the rules and regulations of the Health Care Provider, I understand that my employment can be terminated with or without cause and with or without notice, at any time, at the option of either the Health Care provider or myself.

Applicant's Signature: _____ Date: _____