

BEHAVIORAL HEALTH INITIATIVES, INC.

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, veteran status, disability, or any other legally protected status. This employment application will remain active for a period of ninety (90) days from the date of application, but will remain on file for one year. To be considered for employment after the initial ninety (90) days, a new application is required.

DATE OF APPLICATION: _____ POSITION(S) APPLIED FOR: _____

NAME: _____
LAST FIRST MIDDLE

ADDRESS: _____
MAILING SITE CITY STATE ZIP CODE

TELEPHONE :(_____) SOCIAL SECURITY NUMBER: _____

The best time to phone you at home is: _____ May we contact you at work? ____ Yes ____ No

If yes, work number and best time to phone :(_____) _____ AM _____ PM

If you are under 18 years of age, can you provide proof of your eligibility to work? ____ Yes ____ No

Have you ever filed an application with us before? ____ Yes ____ No If Yes, give date: _____

Have you ever been employed with us before? ____ Yes ____ No If Yes, give date: _____

Are you currently employed? ____ Yes ____ No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?
____ Yes ____ No (Proof of citizenship or immigration status will be required upon your employment if applicable.)

Are you available to work: ____ Full Time ____ Part Time ____ Shift Work ____ Temporary
____ As Volunteer ____ Educational Internship ____ Week-ends

Are you currently on " lay-off" status or subject to re-call? ____ Yes ____ No

We are required by law to make inquiries of your former employers for the past five years because of the "therapist Sexual Misconduct Victims Compensation Act". Have you ever been accused of sexual misconduct during previous employment?

____ Yes ____ No If "YES", please explain: _____

EMPLOYMENT EXPERIENCE:

Start with your present or last job and give all employers for the past 10 years.

Employer	Length of Service: mm/yyyy	Work Performed
Address	From:	
Telephone Number(s)	To:	
Job Title	Hourly Rate/Salary	
Supervisor	Starting:	
Reason for Leaving	Final:	
Employer	Length of Service: mm/yyyy	Work Performed
Address	From:	
Telephone Number(s)	To:	
Job Title	Hourly Rate/Salary	
Supervisor	Starting:	
Reason for Leaving	Final:	
Employer	Length of Service: mm/yyyy	Work Performed
Address	From:	
Telephone Number(s)	To:	
Job Title	Hourly Rate/Salary	
Supervisor	Starting:	
Reason for Leaving	Final:	
Employer	Length of Service: mm/yyyy	Work Performed
Address	From:	
Telephone Number(s)	To:	
Job Title	Hourly Rate/Salary	
Supervisor	Starting:	
Reason for Leaving	Final:	

If you need more space, please continue on the back of this sheet or on a separate sheet of paper.

We may contact the employers listed unless you indicate those you DO NOT want contacted.

Do not contact:

Employer _____ Reason _____

EDUCATION:

	Elementary School					High School				Undergraduate College/University				Graduate/Professional			
School Name and Location																	
Years Completed	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
Diploma/Degree																	
Describe Course of Study																	
Describe any specialized apprenticeship, training, skills and extra-curricular activities																	
Describe any honors you have received																	
State any additional information you may feel may be helpful to us in considering your employment																	

REFERENCES:

Give name, address and telephone number of 5 references who are not related to you, 2 of which have known you for a total of 5 years or more and 2 which are professional references.

1. _____ Professional _____ Personal _____

2. _____ Professional _____ Personal _____

3. _____ Professional _____ Personal _____

4. _____ Professional _____ Personal _____

5. _____ Professional _____ Personal _____

APPLICANT'S STATEMENT AND AUTHORIZATION TO RELEASE INFORMATION

IMPORTANT - PLEASE READ BEFORE SIGNING

TRUTHFULNESS OF APPLICATION

By my signature placed below, I certify that the information provided in this employment application (and accompanying resume', if any) is true and complete, and I understand that any information or significant omissions may disqualify me from further consideration for employment and may be justification for my dismissal from employment if discovered at a later date.

AUTHORIZATION TO CONDUCT INVESTIGATIONS AND REQUEST REPORTS

I authorize the investigation of all statements contained in this application (and accompanying resume', if any). I also authorize the company to contact my present employer (unless otherwise noted on this form), past employers and references. I understand that the company may request an investigative consumer report from a consumer reporting agency that includes information as to my character, general reputation, personal characteristics, and mode of living and I have specifically authorized such investigation in conjunction with this application for employment. I hereby consent to the release to the company of any and all medical information as may be deemed necessary by the company. If hired, I further consent to searches of any areas on company premises, including but not limited to desks, lockers, lunch boxes, brief cases, parking lots and automobiles.

With regard to any credit reporting agency which might be contacted by the company, or an agent of its choice, I understand that I may inquire as to the identification of those credit reporting agencies contacted and the company will advise me as to their identity and the nature and scope of the information they furnished, upon receipt of my written request for such.

RELEASE FROM LIABILITY FOR REFERENCES

I authorize any person, school, current employer, and organization named in this job application (and accompanying resume', if any) to provide the company with relevant information and opinion that may be useful to the company in making a hiring decision, and I release such persons and organizations from any legal liability in making such statements.

ACKNOWLEDGEMENT OF EMPLOYMENT AT WILL

I understand and agree that, if hired, my employment is for no definite period of time, and may, regardless of the date of payment or stated terms of my wages or salary, be terminated at any time. I understand and agree that my employment relationship with the company, if hired, is an employment-at-will relationship and may be terminated at any time by either the company or me with or without cause. I understand that no person is authorized to change the terms mentioned in this employment application and I understand that this employment application is not, and is not intended to be, a contract of employment.

TO WHOM IT MAY CONCERN:

I understand the company or an agent of its choice may conduct a thorough background investigation before rendering a final decision regarding my eligibility for employment. This investigation may include inquiries into my abilities, character, reputation and physical fitness.

To facilitate this investigation, I do hereby give my consent and authority for any educational institution, hospital, medical doctor, police agency or credit reporting agency to furnish information from their records to the company, or an agent of its choice.

Signature

Date

Witness

Date