

Behavioral Health Initiatives, Inc.

# Employment application

## Application information

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Full name: |  |  |  | Date: |  |  |
|  |  | Last | First | M.I. |  |  |  |  |
| Address: |  |  |  | Phone: |  |  |
|  |  | Street address | Apt/Unit # |  |  |  |  |
|  |  |  |  | Email:  |  |  |
|  |  | City | State | Zip Code |  |  |  |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date Available: |  |  |  |  |  | Shifts Available: |  |  |
|  |  |  |
| Position applied for: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Are you a citizen of the United States? |  | Yes [ ]  | No [ ]  |  |  |
|  |  |  |
| If no, are you authorized to work in the U.S.? |  | Yes [ ]  | No [ ]  |  |  |
|  |  |  |
| Have you ever worked for this company? |  | Yes [ ]  | No [ ]  |  | If yes, when? |  |  |
|  |  |  |
| Have you ever been convicted of a felony? |  | Yes [ ]  | No [ ]  |  | If yes, explain? |  |  |

## Education

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| High school: |  |  |  | Address: |  |  |
|  |  |  |
| From: |  |  |  | To:  |  |  |  | Did you graduate? | Yes [ ]  | No [ ]  |  | Diploma: |  |  |
|  |  |  |
| College: |  |  |  | Address: |  |  |
|  |  |  |
| From: |  |  |  | To:  |  |  |  | Did you graduate? | Yes [ ]  | No [ ]  |  | Degree: |  |  |
|  |  |  |
| Other: |  |  |  | Address: |  |  |
|  |  |  |
| From: |  |  |  | To:  |  |  |  | Did you graduate? | Yes [ ]  | No [ ]  |  | Degree: |  |  |

## References

Please list five references not related and 3 that have known you for five or more years

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Full name: |  |  |  | Relationship: |  |  |
|  |  |  |
| Company: |  |  |  | Phone: |  |  |
|  |  |  |
| Address: |  |  |  | Email: |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Full name: |  |  |  | Relationship: |  |  |
|  |  |  |
| Company: |  |  |  | Phone: |  |  |
|  |  |  |
| Address: |  |  |  | Email: |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Full name: |  |  |  | Relationship: |  |  |
|  |  |  |
| Company: |  |  |  | Phone: |  |  |
|  |  |  |
| Address: |  |  |  | Email: |  |  |

## Previous Employment

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Company: |  |  |  | Phone: |  |  |
|  |  |  |
| Address: |  |  |  | Supervisor: |  |  |
|  |  |  |
| Job title: |  |  |  | From: |  |  |  | To: |  |  |
|  |  |  |
| Responsibilities: |  |  |
| Reason for leaving: |  |  |
|  |  |  |
| May we contact your previous supervisor for a reference? |  |  | Yes [ ]  |  | No [ ]  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Company: |  |  |  | Phone: |  |  |
|  |  |  |
| Address: |  |  |  | Supervisor: |  |  |
|  |  |  |
| Job title: |  |  |  | From: |  |  |  | To: |  |  |
|  |  |  |
| Responsibilities: |  |  |
| Reason for leaving: |  |  |
|  |  |  |
| May we contact your previous supervisor for a reference? |  |  | Yes [ ]  |  | No [ ]  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Company: |  |  |  | Phone: |  |  |
|  |  |  |
| Address: |  |  |  | Supervisor: |  |  |
|  |  |  |
| Job title: |  |  |  | From: |  |  |  | To: |  |  |
|  |  |  |
| Responsibilities: |  |  |
| Reason for leaving: |  |  |
|  |  |  |
| May we contact your previous supervisor for a reference? |  |  | Yes [ ]  |  | No [ ]  |

## Military Service

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Branch: |  |  |  | From: |  |  |  | To: |  |  |
|  |  |  |
| Rank at discharge: |  |  |  | Type of discharge: |  |  |
|  |  |  |
| If other than honorable, explain: |  |  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Disclaimer and signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Signature: |  |  |  | Date: |  |  |