

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

PLEASE PRINT OR TYPE

Position(s) applied for

Date of Application

How Did You Learn About Us?

Advertisement Relative Inquiry
 Employment Agency Friend Other _____

Last Name First Name Middle Name

Address City State Zip

Telephone Number(s)

If you are under 18 years of age, can you provide required 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 by us? Yes No

If yes, give date _____

Do any of your friends or relatives work here? Yes No

Are you currently employed? Yes No

May we contact your present employer? 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 employment*

Date available for work _____

What is your desired salary range? _____

Are you available to work: Full Time (please indicate 1 2 3 shift)
 Part Time (please indicate Mornings Afternoon Evenings)
 Temporary (please indicate dates available ___/___/___ - ___/___/___)

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if job requires? Yes No

Have you ever been convicted of a crime, entered a plea of no contest to a crime or received a suspended sentence (regardless of the ultimate adjudication) for a crime? Yes No

If yes, please explain.

Have you ever been a defendant in a civil lawsuit based on allegations that you caused the death of or injury to, any person or damage to any property, such as assault, battery or false imprisonment? Yes No

If yes, the date and place of the lawsuit(s), the court it was filed in and how it was resolved. (A criminal or civil record will not necessarily be a bar to employment.)

APPLICATION FOR EMPLOYMENT

EDUCATION

	Name and Address of School	Course of Study	Years Completed	Diploma/Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United States military:

APPLICATION FOR EMPLOYMENT

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. Also include any gaps in employment and any instances you provided services as an independent contractor or were self-employed. If you were employed under a different name, please provide that name (_____). Ask for an additional form if necessary.

These are the only organizations, whether as employee or not, for whom I have worked, either in a volunteer or paid capacity, over the last ten (10) years:

Signature _____

Date _____

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Numbers(s)	Hourly Rate/Salary		
	Starting / Final		
Job Title			
Supervisor			
Reason for Leaving			
Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Numbers(s)	Hourly Rate/Salary		
	Starting / Final		
Job Title			
Supervisor			
Reason for Leaving			
Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Numbers(s)	Hourly Rate/Salary		
	Starting / Final		
Job Title			
Supervisor			
Reason for Leaving			

APPLICATION FOR EMPLOYMENT

ADDITIONAL INFORMATION, Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

SPECIALIZED SKILLS (Check Skills/Equipment Operated)

<input type="checkbox"/> Terminal	<input type="checkbox"/> Spreadsheet	<input type="checkbox"/> Production/Mobile Machinery (list)	Other (list)
<input type="checkbox"/> PC/MAC	<input type="checkbox"/> Word Processing	_____	_____
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Shorthand	_____	_____
WPM _____	WPM _____		

Any additional information you feel may be helpful to us in considering your application.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE READ AND REVIEWED THE WRITTEN REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING IF A WRITTEN JOB DESCRIPTION IS NOT AVAILABLE, PLEASE ASK THE INTERVIEWER TO PROVIDE DETAILS OF THE JOB DUTIES FOR THE POSITION APPLIED FOR BEFORE ANSWERING THIS QUESTION.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the job duties and related activities involved in the job or occupation for which you have applied? A review of the job duties and related activities involved in such a job or occupation has been given _____ YES _____ NO

REFERENCES

References must be previous or current supervisors.

1. Name _____ Phone # _____

Where was this person your supervisor? _____

Address _____

2. Name _____ Phone # _____

Where was this person your supervisor? _____

Address _____

3. Name _____ Phone # _____

Where was this person your supervisor? _____

Address _____

APPLICATION FOR EMPLOYMENT

APPLICANT'S STATEMENT



PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING

1. I hereby consent to Behavioral Hospital of Longview verifying all of the information I have provided on this application form, including schooling, training and employment data, and being provided with access to and copies of any records pertaining to me. I authorize anyone with the above information to provide it to Behavioral Hospital of Longview and release from all liability or responsibility all persons, schools, companies, physicians, hospitals or agencies who supply any information related to the matters referred to on my application form.

2. I consent and agree to take any drug or alcohol tests as may be required by Federal or TEXAS law/regulation, as well as Behavioral Hospital of Longview policy. If employed, I also agree to abide by the rules and regulations, policies and procedures of Behavioral Hospital of Longview.

3. I understand that any false answers or Statements, or misrepresentations by omission, made by me on this application or any related document, will be sufficient for rejection of my application or for my immediate discharge should such falsifications or misrepresentations be discovered after I am employed. Accordingly, I affirm that all information provided by me on this application is true and complete to the best of my knowledge.

4. If an employment relationship is established, I understand that the employment relationship is an "at will" relationship and that I have a right to terminate my employment at any time and that Behavioral Hospital of Longview retains the same right. I also understand that, if hired, there will be a 90-day introductory period.

5. I further acknowledge and understand that it is my responsibility to fully complete this application form, sign and date it; otherwise, it will not be deemed by the Employer to be a valid or acceptable application. I also understand that I may supplement this application with a resume; however, a resume standing alone will not be accepted.

6. This application for employment shall be considered active for a period of time not to exceed 45 days. I understand if I wish to be considered for employment beyond this time period, I should inquire as to whether or not applications are being accepted at that time.

Behavioral Hospital of Longview will do a criminal background check, which may result in applicant not being hired or considered for employment.

Have you ever been convicted of any criminal violation of law, or are you now under pending investigation or charges of violation of criminal law. Yes No

If yes, please explain.

Have you been subject of any adverse action(s) by any duly authorized sanctioning or disciplinary agency for either conduct based or performance based actions? Yes No

If yes, please explain.

APPLICATION FOR EMPLOYMENT

I hereby attest that the information above is true and correct.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

ATTENTION: (Licensed Employees ONLY)

“I agree to notify my supervisor in writing within five (5) days of receiving any written or oral notice of any adverse action, including, without limitation, exclusion from participation in any federal or State health care or procurement programs, any filed and served malpractice suit or arbitration action; any adverse action by a TEXAS Licensing Board taken or pending; any adverse action which was resulted in the filing of a report with the TEXAS Licensing Board; any revocation of a professional license; a conviction of any felony or a misdemeanor or moral turpitude; any action against any certification under the Medicare or Medicaid programs; or any cancellation, non-renewal or material reduction in medical liability insurance policy coverage.”

Signature of Applicant

Date