

PINES BEHAVIORAL HEALTH SERVICES
Application For Employment

PERSONAL INFORMATION

Date: _____ SS#: _____ - _____ - _____ Phone # _____ H/W/C

Name: _____
Last (Maiden) First Middle

Present Address: _____
Street City State Zip

Permanent Address: _____
Street City State Zip

Are you 18 years of age or older? Yes No

Are you prevented from being lawfully employed in this country because of Visa or Immigration Status?
 Yes No

Have you ever been convicted of a crime? Yes No
If yes, explain: _____

If yes was this crime against a child? Yes No

A conviction record will not necessarily be a bar to employment and other factors such as age and time of the offense, seriousness and nature of the violation, and rehabilitation will be considered.

Are there any felony charges pending against you? Yes No

Have you ever been sanctioned by Federal or State regulatory or licensing agency? Yes No
If yes, explain: _____

If no, is a potential action involving sanction pending? Yes No

Driver's license number: _____ State of Issue: _____ Expiration Date: _____

EMPLOYMENT

Position applied for: _____

Date available for work: _____

Are you currently employed? Yes No

If so, may we contact your present employer? Yes No Phone #: _____

Have you applied to or worked for us previously? Yes No
Give Specifics: _____

EDUCATION

	Name/Location of School	# Yrs. Attended	Did you graduate?	Subject/Major
High School				
College (Bachelors)				
College (Advanced Degree)				

Professional Certification: State: _____ Type: _____ Number: _____ Exp. Date: _____

Official transcript attached: Yes No

GENERAL

Subject of special study, research work or publications: _____

Special Skills: _____

Are you fluent in other languages besides English? Yes No Specify: _____

Activities (Civic, athletic, etc.) *exclude organizations, the name of which indicates the race, religion, creed, sex, age, marital status, color or nation of origin of its members: _____

U.S. Military Service: _____

Discharge Rank: _____

Date and type of discharge: _____

Present membership in National Guard/Reserves: Yes No If yes, what rank? _____

FORMER EMPLOYERS STARTING WITH LAST ONE FIRST

Employed with: _____ Dates: From _____ To _____

Position: _____ Salary: _____ Reason Left: _____

Describe duties: _____

Employed with: _____ Dates: From _____ To _____

Position: _____ Salary: _____ Reason Left: _____

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Employed with: _____ Dates: From _____ To _____

Position: _____ Salary: _____ Reason Left: _____

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Describe duties: _____

PLEASE NOTE: YOU ARE REQUIRED TO LIST THE NAME OF 2 CURRENT SUPERVISORS AS A REFERENCE

SUPERVISOR:

Name: _____ Firm: _____

Address: _____ Telephone Number: _____

SUPERVISOR:

Name: _____ Firm: _____

Address: _____ Telephone Number: _____

PROFESSIONAL

PERSONAL

Name: _____ Firm: _____

Address: _____ Telephone Number: _____

PROFESSIONAL

PERSONAL

Name: _____ Firm: _____

Address: _____ Telephone Number: _____

AUTHORIZATION & WAIVER

I hereby certify that the information I have provided verbally and on my application and accompanying resume and documents, if any, is true and complete. I have not knowingly withheld any information that might, if disclosed, effect my application unfavorably. I understand and agree that any information provided by me, either written or verbal, which proves to be false or misleading or incomplete, may prevent me from being hired, or, if hired, may be grounds for discipline or dismissal from employment if discovered at a later date.

I authorize Pines Behavioral Health Services ("PBHS") to make any investigation into my background deemed necessary, including but not limited to investigation and verification of references, educational transcripts and records, employment records, disciplinary information, and criminal conviction history. I authorize all references, previous employers, schools, educational institutions, military organizations and other persons having information about me to release to PBHS any and all information and opinions concerning me, personal or otherwise, whether or not such information is part of their written records, including disciplinary, academic, service or performance records, without providing me notice of such release. I also authorize and request federal, state and local government agencies to release to PBHS any information requested concerning any criminal convictions on my record. Without limitation, I release all parties mentioned in this paragraph from any and all liability and damages for releasing such information. I specifically release PBHS, its governing board, officers, employees and/or agents from any and all claims and/or liability whatsoever for any damages or consequences which any result from its investigation of me. A photocopy of this signed authorization and waiver shall be as valid as an original.

Date: _____ Signature: _____