

Employment Application

Personal Information				Date Co	ompleted:		
Name (Last, First, MI)							
Street Address							
City, State, Zip							
Home Phone #			Work Phone #				
Email Address							
.							
Employment Desire Position applied for	ea						
How did you hear about th	is position?						
Date available for work			Desired hours (full time, part time, etc.)				
					·		
Education							
	School	Course of	f Study	Total Years of Study	Degree/Diploma		
High School							
Undergraduate							
College Graduate/							
Professional							
Other							
(specify) List any seminars, certificat	es, continuing edu	ıcation receiv	ed:				
Employment Histor	r y						
		_ Summithe	alne com	1 ————			



Below, please list all present and past employers, starting with the **most recent** employer. (Note: Please complete this section even if attaching a resume)

May we contact your current en	mployer? 🗆 Yes 🗆 No			
Employer			ate	End Date
Address				
City, State, Zip				
Phone Number	Fax Number		Supervisor	
Job position(s)				
Reason(s) for leaving				
Employer		Start Date		End Date
Address				
City, State, Zip				
Phone Number	Fax Number	Supervisor		
Job position(s)				
Reason(s) for leaving				
Employer		Start Date		End Date
Address				
City, State, Zip				
Phone Number	Fax Number	Supervisor		
Job position(s)				
Reason(s) for leaving				

Additional Information



Have you ever been employed with Summit Behavioral Health before?	□ Yes	□ No
If Yes, when?		
Do you have any friends or relatives employed by Summit Behavioral Health?	□ Yes	□ No
If Yes, please provide their names and relationship to you:		
Are you currently employed?	□ Yes	
Are you currently on "lay off" status and subject to recall?	□ Yes	□ No
f you are under 18 years of age, can you provide proof of your eligibility to work?	□ Yes	□ No
f hired, can you provide proof that you are legally authorized to work in the U.S.?	□ Yes	□ No
Are you able to perform all of the essential functions of the job for which you are applying with or without reasonable accommodation?	□ Yes	□ No
f driving is a requirement of the position you applied for, have you in the ast 7 years been convicted of Driving Under the Influence "DUI"?	□ Yes	□ No
f hired, do you have reliable means of transportation to and from work?	□ Yes	□ No
f hired, would you be able to travel if needed?	□ Yes	□ No
f hired, would you be able to or work overtime if needed?	□ Yes	□ No
Have you ever been convicted of a felony or misdemeanor? f Yes, please explain:	□ Yes	

<u>Please Note:</u> A criminal record does not constitute an automatic bar to employment and will be considered only as it substantially relates to the job in question.

References



List below three persons not related to you who have knowledge of your work performance within the last 5 years

Reference #1			
Name		Occup	ation
Company Name	Address	•	
Telephone	E-Mail		Relationship & Years acquainted
Reference #2			
Name		Occup	ation
Company Name	Address	1	
Telephone	E-Mail		Relationship & Years acquainted
Reference #3			
Name		Occup	pation
Company Name	Address	1	
Telephone	E-Mail		Relationship & Years acquainted
work status, in compliance with state and completion of reference and background of	d federal law. I also understand checks. All of the information prov	I that my vided on t	of suitable documentation of my authorized employment is subject to the satisfactory his application is correct. I understand that application or may be cause for termination
Signature:			Date:
Print Name:			

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