SERV BEHAVIORAL HEALTH SYSTEM, INC.

Employee ID

SERV Achievement Center
SERV Properties and Management
SERV Centers of New Jersey
SERV Foundation

Application for Employment

This application will remain active for 60 days from the date of application.

Applicants are considered for all positions without regard to race, color, religion, gender, national origin, age, marital or veteran status, or disability, or other classification protected by applicable law.

Date:_____

Last Name:_____ First Name:_____ Middle Name:_____

Address: _____

City: _____ State:_____ Zip Code: _____

Telephone Number: _____

Are you a United States citizen or otherwise authorized to work in the United States on an unrestricted basis? ☐ Yes ☐ No

State age if under 18: _____ Are you still a student? _____

Are you presently employed? _____ If so, may we contact your present employer? _____

How did you hear about SERV? _____

Position (s) applied for: _____

Would you work: Regular full-time: ☐ Regular part-time ☐

Specify days and hours available: _____

Were you previously employed by SERV? _____ If yes, when? _____

Have you ever applied for a position with SERV? _____ If yes, when? _____

If you are offered a job, on what date will you be available for work? _____

List friends or relatives presently working for SERV:

_____

_____

List professional, trade, business or civic organizations to which you belong: (You may exclude groups which indicate race, color, religion, gender, national origin, age, marital or veteran status, or disability, or other classification protected by applicable law):

_____

_____

Are you able to perform the essential functions of the job for which you are applying, with or without an accommodation, and if an accommodation is necessary, please state the accommodation needed:

_____

_____

Professional License

Professional License and/or Certifications: License Number and Expiration Date: _____

CPR _____ Date of Expiration _____ "IV" _____ Facility in which certified: _____

Title VII of the Civil Rights Act of 1964 prohibits discrimination in employment practice because of race, color, religion, gender or national origin. SBHS complies with this Act in its hiring practices.

Driving History

To be completed only for applicants applying for positions in which driving is an essential function of the job.

Driver's License State: _____ License Number: _____ Expiration Date: _____

Have you held a license in any other state? ☐ Yes ☐ No

If yes, list state and approximate dates held in that state: _____

List any tickets received, suspensions, or accidents that occurred over the last three years. Give approximate dates:

_____

Record of Education

Name of School	City, State	Course of Study		
High School			Highest Grade Completed: _____	Diploma ☐ GED ☐ Year _____
College			Number of Credits Completed: _____ Degree: ☐ Yes ☐ No	Name of Degree: Year _____
College			Number of Credits Completed: _____ Degree: ☐ Yes ☐ No	Name of Degree: Year _____
Other (Specify)				

Summarize special skills and qualifications acquired from employment or other experience:

_____
_____
_____
_____

Give Name, Address and Phone Number of three personal/business references not related to you.

	Name	Address	Phone
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Employment Experience:

List each job held. Start with your present or last job and complete all information. Include military service assignments, including the branch you have served in, and volunteer activities. (You may exclude groups which indicate race, color, religion, sex, national origin, age, marital or veteran status, or disability, or other classification protected by applicable low). Note: a dishonorable or general discharge from military service is not an absolute bar to employment, and other factors will affect a final hiring decision.

Providing complete information below will expedite your background check.

Name of Employer:	Dates Employed		Job Title:
	From	To	Work Performed:
Address:	Hourly Rate/Salary		
	Starting	Final	☐ Full-time ☐ Part-time
Telephone:	Name of Supervisor		Reason for Leaving:

Name of Employer:	Dates Employed		Job Title:
	From	To	Work Performed:
Address:	Hourly Rate/Salary		
	Starting	Final	☐ Full-time ☐ Part-time
Telephone:	Name of Supervisor		Reason for Leaving:

Name of Employer:	Dates Employed		Job Title:
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Name of Employer:	Dates Employed		Job Title:
	From	To	Work Performed:
Address:	Hourly Rate/Salary		
	Starting	Final	☐ Full-time ☐ Part-time
Telephone:	Name of Supervisor		Reason for Leaving:

Agreement:

If I am employed, in consideration thereof, I agree to conform to the rules and regulations of SERV and I recognize, understand and agree that my employment and compensation can be terminated with or without cause and with or without notice, at any time, at the option of SERV. I understand that no one other than the Chief Executive Officer of SERV has the authority to enter into any agreement for employment for a specified period of time, or to make any agreement contrary to the foregoing, and that any such agreement must be in writing and signed by the CEO.

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

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I authorize the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you. I also agree to permit SERV to conduct substance abuse tests and any other background investigative procedures it deems appropriate with respect to my application and, in the event of hire, while, employed.

In the event of employment, I understand that false, incomplete or misleading information given in my application or interview(s) shall result in discharge. I also understand and agree that employment may be subject to my taking a physical examination from a SERV physician, and that in his opinion I must be physically and mentally able to perform the work for which I am applying or being considered. I understand, also, that I am required to abide by all rules and regulations of SERV.

Signature of Applicant: _____ Date: _____

Compliance Questionnaire

Pursuant to federal law, the Office of Inspector General's recommendations and SERV's Compliance Plan, each applicant must answer and certify the following:

1. Have you ever had your professional license suspended or revoked? Yes☐ No ☐
   If yes, in which State(s)_____When?_____

2. Are you currently charged with a criminal offense related to the delivery of health care services? Yes☐ No ☐
   If yes, please give the date(s) and a brief description of the offense and sentence:

3. Have you ever been convicted of a felony or misdemeanor, including a plea bargain or other arrangement with prosecuting authorities relating to:
   (1) the delivery of health care services…… Yes☐ No ☐
   (2) crimes of neglect, violence, theft, dishonesty or financial misconduct, or…… Yes☐ No ☐
   (3) have you ever been found civilly or criminally liable for abuse/neglect?.....Yes☐ No ☐
   (4) any other offenses not listed in 1, 2, or 3 above……..... Yes☐ No ☐
   If yes, please give the date(s) and a brief description of the offense and sentence:

4. Have you ever been excluded (or proposed for exclusion) from the Medicare or Medicaid programs or any other federally funded health care program, or had a civil monetary penalty or administrative fine imposed against you? Yes☐ No ☐
   If yes, please give the date(s) and a brief description of the offense resulting in the penalty and date of reinstatement:

I hereby certify that I am not currently charged with a criminal offense related to the delivery of health care services, have never been convicted of an offense that would preclude my employment at an entity which receives funding from the federal government and that I have not been excluded from participation in the Federal health care programs.

Signature of Applicant: _____ Date: _____

For Staff Use Only: OIG "List of Excluded Individuals/Entities website (htt://www.hhs.gov/oig) checked for applicant name?
Date:_____ Name Found Yes_____ No _____

January 2013

Click Here to Submit Application